1

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
15681

1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Real STATE MARYIAND b. COUNTY G	esidence before admission)
b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND 9 DAYS	c. CITY DR TOWN (If outside corporate limits, write RURAL OAKLAND Rural	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
GARRETT COUNTY MEMORIAL HOSPITAL	BOX # 118 ROUTE # 1	YES NO X
	Last 4. DATE Month OF DEATH NOVEMBER	Day Year 30 1966
TO MANUAL WITH WITH WITH WITH WITH WITH WITH WITH	8. DATE OF BIRTH 1889 9. AGE (In years last birthday) FEBRUARY 9.1890: 7776 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Building	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ROBERT E. LEE RREEDLOVE	ALMA JANE SELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		IAND, MD.
(Yes, no, or unknown) (If yes give war or dates of service) 220-03-7977AW		8 RFD. # 1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	in monn	6mos.
1777		
Conditions, if any, which by Canunoma o	of prostite	18min
Bare 1100 to Illimitation of the To	- processor -	
and deliber and last		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor at work p.m. 19 at work at work	ACE OF INJURY (Home, farm, pry, street, office bidg., etc.) 20f. (City or town) (Cou	
21. I certify that (I) (this hospital) attended the deceased from.	1966, to NOVEMBER3019 6	
saw the deceased alive on NOVEMBER 30 1966, and that		
22e. SIGNATURE M.E	ATTENDING MED. STAFF	Dec 66
22c. PHYSICIAN'S NAME (Type) DR. B. L. GRANT	OAKLAND, MARYLAND	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 12/3/66 Lexas Method	Y OR CREMATORY ne ter 23d. LOCATION (City, town or coudist, Church Horse Shoe Run.	
24 FUNERAL DIRECTOR CON DATE AUTRESS /	258. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Leighton-Durst Funeral Home Oakland	Md. DATE DEC 5 1966 foliar	iles Judge

VR A15 (4) 15M 4-64

		L	•		
F	OF	2 5	T	AF	-
HE	AL	TH	1) 답	N.
. 12	0	age	1	0 10	5
Jelay	nd 3	3. Pc		men	ded
) A	2,0	PM		port	affe
=	1 5	Orm Orm		e De	SULS
eath	Page	ith f		Stat	72 h
р тө	Sive	ng w)	h the	hin
s aft	18.	olo :		Wit	t wil
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is	ltem.	Office		and	even
1 24	.u	ers		des	any
vithir	penci	ui du		e pe	u pi
N pa	.⊆	al Ex		it. Fi	il, or
xecul	ding	ledic		perm	maya
9 ec	"pen	ief N		nsit	Ir rel
plu	p.ID.	e Ch		al-tra	an, c
sho	he w	to th		buric	mati
icate	ng t	ded		D SD	I, cre
certif	writi	LWOF		pesi	ouria
ine:	ate,	oe fo		pe 1	10
ä	ertific	Plo	vi	auld	prid
MINE	he c	sho	r file	3 54	Jent,
EXAI	ute 1	age 4	yau	Page	p p
AL	exec	Ir. Pc	of for	TOR:	Inate
É	asna	irecto	oinec	IREC	desig
×	b	PIC	rei	0 1	115
The	dry,	nerc	eq ,	ERA	I OI
DEF	(ess	e fu	may	E	alth
01	ne	#	5	2	He

VR A15ME (5)

1568	0	MED	ICAL EXAMINE	ER'S	CERTIFICATE O	F DEATH		5682
PLACE OF DEATH O. COUNTY	Garrett		MARYLA	AND	a CTATE	Where deceased lived, if insti yland	YTKIIC	nce before admission) rrett
b. CITY OR TOWN write RURAL or Oa. K	(If outside corporate limits, and give negrest town)		c. LENGTH OF STAY IN minute		,	utside corporote limits, write l land	RURAL ond giv	re nearest town)
	rat or institution (if not in				d. STREET ADDRESS	E. Center S	it.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Blanche		Middle Eva	(Lost		onth	Doy Year 11. 1966
s, sex Female	6. COLOR OR RACE 7	. MARRIED WIDOWED	NEVER MARRIED DIVORCED		ne 9, 188	9. AGE (In years last birthday) 84 yrs.	Months	Days Haurs Min.
10o. USUAL OCCUPATION during most of working HOUSE 13. FATHER'S NAME	IN (Give kind of work done g life even if retired) WIFE	IN	ND OF BUSINESS OR DUSTRY Vn Home		Natural 14. MOTHER'S MAIDEN	Bridge, Va.	CC	TIZEN OF WHAT DUNTRY?
P	eter Burge		SOCIAL SECURITY NO.	T 17 II	(11 11 11 11 11 11 11 11 11 11 11 11 11	a Sizer	Idress	
(Yes, no, or unknown)	(If yes give wor or dotes of s	ervice)	none		nest Cola		#2 a	
	y, which gove (b)	Myoca	(0), (b), ond (c).) ardial infar					INTERVAL BETWEEN HOURS Hours Years
PART II. OTHER S			o death but not relate 111tus	ED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
20o. EXTERNAL C PRIMARY Or CO CAUSE OF DEATH.	ONTRIBUTING	20b. DE	CRIBE HOW INJURY OCC	URRED. (Enter noture of injury in	Port I or Port II of item 18.)		
Hour o	JURY Month, Doy, Year .m. 19		JURY OCCURRED 2 Not While of work		E OF INJURY (Home, form ry, street, office bldg., etc.		(Co	ounty) (State)
ACTUAL SIGNATURE	ty that I took chorge of ted from: Natural Law Law James H. Feas	causes [*	Audent [],		de, Homicide CHIEF MEDICALM.D. ASSISTANT MED DEPUTY MEDICAL	Undetermined		22. DATE SIGNED 11-11-66
23a. BURIAL, CREMATI REMOVAL (Specif Bur 18.	ION, 23b. DATE THERE	OF	23c. NAME OF CEMETE		REMATORY neterv	23d. LOCATION (City or Oakland	Town)	(County) (Stote)
24 FUNERAL DIRECT		R	ADDRESS		25a. REC'	NOV 1 7 1966	REGISTRAR'S	SIGNATURE

164

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	681				TIVE TO	CERTIFICATE (200	3
0. COUN	F DEATH					2. USUAL RESIDENCE o. STATE	(Where decease	ed lived, if institu b. COL		before od	missian)
	Gai	rrett			RYLAND	Md			GE	arre	
b, CITY write	RURAL and air	utside carparate lim ve nearest tawn)	iits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	utside carpara	te limits, write RU	JRAL ond give	nearest tav	vn)
0:	akland			DOA		Friend	dsvil	le		11 -	1
	OF HOSPITAL	OR INSTITUTION (IF	not in haspital,	give street address)		d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
		County	Memori	al Hosp	ital					YES	NO NO
3. NAME C DECEASI (Type of	D me	rie	First	Blanche		trick	4. DATE OF DEATH	Nov.	21	Day	Year 19 66
S. SEX	6.	COLOR OR RACE	7. MARRIED	NEVER MARR	IED B	DATE OF BIRTH	9	AGE (In years last birthday)	Months		UNDER 24 HRS.
F		W	WIDOWED	- Arrival	ED F	eb. 26,		84 yrs.		,	
		ive kind of wark don even if retired)	ie 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (State	ar foreign co	iuntry)	12. CITIZ	EN OF WH	AT
	Tousev		lÖ	wn Home		Friends		, Md.	1	JSA	
13. FATHER	'S NAME					14. MOTHER'S MAIDEN					
	nas Te						rine	Slagle			
		U.S. ARMED FORCES yes give war ar date:		SOCIAL SECURITY NO.	1	FORMANT		Add			
N	0				Mi	ss Cora	Detri	ck, Fr	iends		
18. C/	USE OF DEATH	H (Enter only one o									L BETWEEN AND DEATH
	-	IMMEDIATE CAUS		onary thr	<u>ombosi</u>	S				Hours	
	ons, if ony, wh		JE TO Art.	erioscler	nsis.	generalize	d			Years	
rise ta	immediate co	use (o)	(b) AT U	012000201	ومدده	Ponor datao	<u> </u>			Todia	,
stating last.	the underlyii	ng cause	ta)								
PARTI	OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT P	FLATED TO TH	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART I(a)		119 WAS	AUTOPSY
NOIL	, office store	TEATH COMPTIONS	CONTINUO	, o beam bor nor a	Ediles to it	is terminate process to	notified office	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERF YES F	FORMED?
₹ 20a. F	XTERNAL CAUSE	WAS	20b. DI	ESCRIBE HOW INJURY	OCCURRED. (I	nter nature of injury in	Part I ar Par	I II of item 18.)		1 10	
PRIMA CAUSE	RY 🗀 or CONTR OF DEATH.	IBUTING						,			
WEDICAL CRITICATION CARREST 20c. 1	Haur a.m.	Manth, Doy, Year	While	NJURY OCCURRED		OF INJURY (Hame, fari ry, street, affice bldg., etc		(City or town)	(Coun	ty)	(State)
21	L codify				akaya bal	d on Autopsy ,	Inconsti	on Se Inc	uiry PC	and in	my opinio
	oth lesuited		rol couses		_/	de 🔲, Homicide		ndetermined n		ond III	my obinio
ue.	in leading	HUMI. HUID) (00363.5	- Accident	Z, Julek	CHIEF MEDICAL			Intilial [
ACTUA		- 101	Te	To A		M.D. ASSISTANT ME		ER 🗆			DATE SIGNED
- rund				- 0		DEPUTY MEDIC	AL EXAMINER	x.		1-21-	66
NAME		mes H. F	easter,	Jr., M.	D.	Address (Stree	et, city, town,	or county Dak 1	and, Mo	d.	
23a. BURIA	L, CREMATION, /AL (Specify)	23b. DATE T	HEREOF	23c. NAME OF CE	METERY OR C	REMATORY	23d, LO	CATION (City or To	own) (C	ounty)	(State)
KEMU	ME LODRELLA										LL WEST
Bu	rial AL DIRECTOR	1.1/24	/66	Steele ADDRESS	Cemet	ery	D BY REGISTR	endsvi	lle.G.		CU, MC

9

100

.

-

15M 4-64

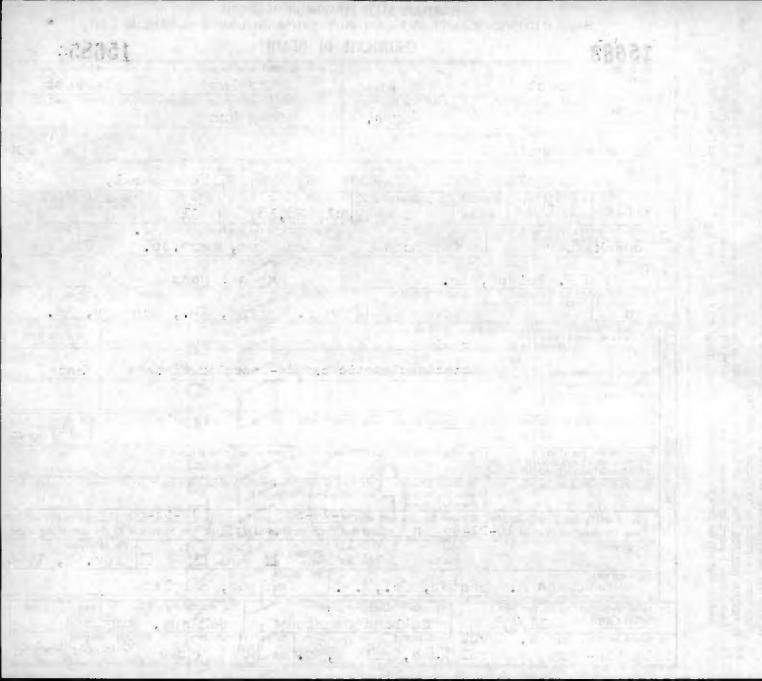
18051 CALL 2 3 4 A STANCE AND A STANCE OF THE S a - a - 1 - a - 1 - a - 1 - a - 1 - a - 1 - a - 1

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please-remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, and is any event, within 72 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/60

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be assented within 24 Maurs after death.

A Second	1	5683			CERTIFIC	ATE	OF DEATH		150	585	* *	
1	o. COL	OF DEATH JNTY	Garrett		MARYLA		- CTATE	where deceosed lived, if ins	VIIAITY	e before odm arret		
	b. CIT	r dr Idwn (lf outside corporate limit d give nearest town) a na	ts,	5 yrs	1		tside corporate limits, write 3 Run	RURAL ond give	ond give nearest town)		
			at or institution (if a st Nursin			C	. STREET ADDRESS				RESIDENCE A FARM? NO 2	
			DICIE	irst C	Middle FLIZABI		FRIEND	OF Novem		Day	Year 19 66	
	s. sex Fer	nale	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED	Ju.	Ly 28,187		Months	Doys Hou		
	during mo	st of working	(Give kind of work done life, even if retired) eeper		TIND OF BUSINESS OR NOUSTRY home		Sang Ru	& State, or foreign country)	Md • 12. (17	USA	T	
			n F. Frie		r.			nael Ross				
	(Yes, no.	DECEASED EVE or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war or dates	of service)	social security no.	John			ddress (Br McHenr	other y, Md		
	Cond	The Cause OF Death (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)										
1	lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)										AUTOPSY ORMED?	
	OR O	ONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCU	JRRED. (En	er noture of injury in F	Port I or Port II of item 1B.)	YES _		
	WED	Hour o.i	m. 19	While of wor	e Not While rk ot work	foctory	OF INJURY (Home, form street, office bldg., etc.)			mty)	(Stote)	
	220	saw the d	eceased alive an	spital) atter 10-31-	nded the deceased fr 66 19 an	am//- d that d	ATTENDING PHYS.	9 Ata 10→31 4:30 M, fram caus MED. STAFF DIRECTOR PHYS.	ses and an the		ated abav	
/	220	NAME (Type	James H.	Feas	ter, Jr.,	M.D.	22d. ADDRESS Oaltle	and, Maryl				
	REN	RIAL, CREMATION OF THE PROPERTY OF THE PROPERT	1 11/3	/66	23c. NAME OF CEMETE Oakland		netery	23d. LOCATION (City of Oalcland	Mary		(Stote)	
			RJohn U.	Dursu	ADDRESS OF	Sur		BY REGISTRAR 25b	REGISTRAR'S S	MES &	udge	



STATE Poge O death. Deportment ofter (in pencil in Item 18. Give Poges 1, olong with form State (This certificate should be executed within 24 hours ofter death event within 72 Office (ond 2 gny puo FILE permit necessory, please execute the certificate, writing the word "pending" removal,

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15684 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, filinstitution Residence before admission) o COUNTY Garrett b CITY DR TDWN (If autside corporate limits, write RUPAL and autside corporate fawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) Mi nutex MU- DE d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) (DOA) Garrett Co. Asm. Hospital YES NO 124 3 NAME OF M-ddle 4 DATE First. Month Lost Getz DECEASED Harold Wayne OF NOV. 19th. (Type or print) 9 AGE (n years IF LINDER 1 YEAR 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH FUNDER 24 HRS NEVER MARRIED last b sthday) Raurs WIDOWED DIVORCED 106 K ND OF BUINESSIDE TO THE 11 BIRTHPLACE (State or foreign country) 100 LSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT ducing most of working life, even fretired) COUNTRY? rocessing Flant Paterburg, U.Va. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME F. Leon Getz Irene Marie White 15 WAS DECEASED EVER N ... S ARMED FORCES? 16 SDC AL SECURITY NO 17 INFORMANT Address (Yes, no, ar unknown) (if yes give war ar dates of service) 233-07-0334 Nadine Idelman. IIt. Storm. 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ASPHYX LATION IMMEDIATE CAUSE (o). DUE TO Conditions if any, which gave ASPIRATION OF BLOOD rise to immediate cause (a), DUE TO stating the underlying cause FRACTURE OF MAXILLA 19 WAS AUTOPSY PEREORMED? PART II, OTHER SIGN F.CANT COND.T.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION G.YEN IN PART I(o) YES PE NO Three car auto accident Rt. 560 2 mi. S. Loch Lynn, Md. 200 EXTERNAL CAUSE WAS PRIMARYED OF CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE DF INJURY (Home, form 20f (City or fown) ((county) 20c TIME OF INJURY Month, Day, Year Not Whe a Highway treet, office bldg, etc) (Rural) Mt. Lake Park Garr. Md. 166 ot wark at work nguiry [39, 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection [X] end in my opin on death resulted from Natural couses . Accident . | Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED -- QMD ASS STANT MED CAL EXAMINER DEPUTY MED CAL EXAMINER Oakland, Md.11-19-66 MAME (Mpe) James H. Feaster, Jr., M. D. Address (Street, city, town or county) 23d LOCATION (City or Town) 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) 2/66 Bayard Cemetery Bayard. W. Va. 25b REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR Durst DATE NOV 2 3 Milarles 1966 Leighton-Durst June al Hore Oakland

VR ATSME DI 6M 1/66

5 n TO FL Heo th

ö

used as a burial-tra burial, cremation,

be prior to

3 should

moy be retoined for your FUNERAL DIECTOR: Poge

its designoted ogent,

4 should be forwarded to

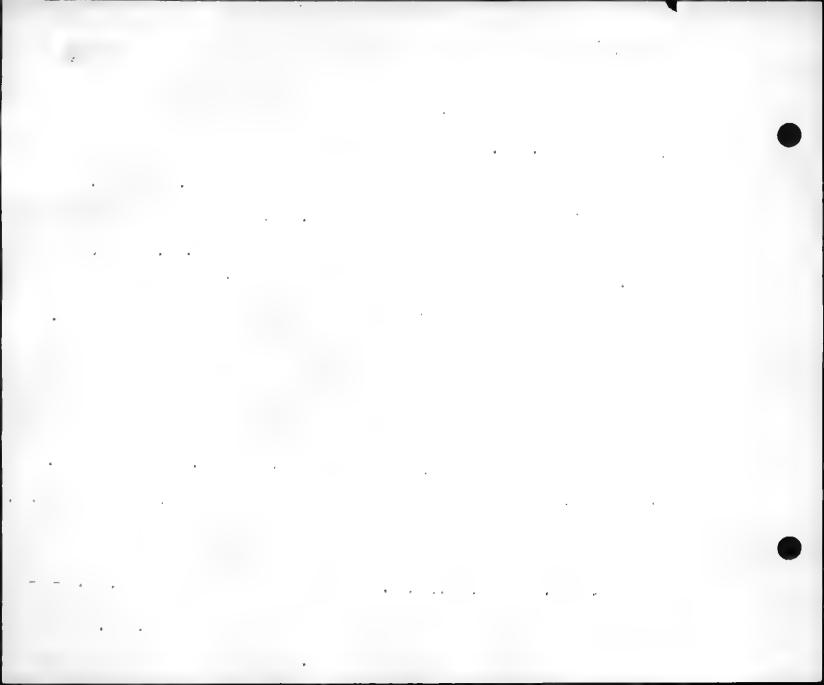
director

funero

the

MEDICAL EXAMINER:

DEPUTY



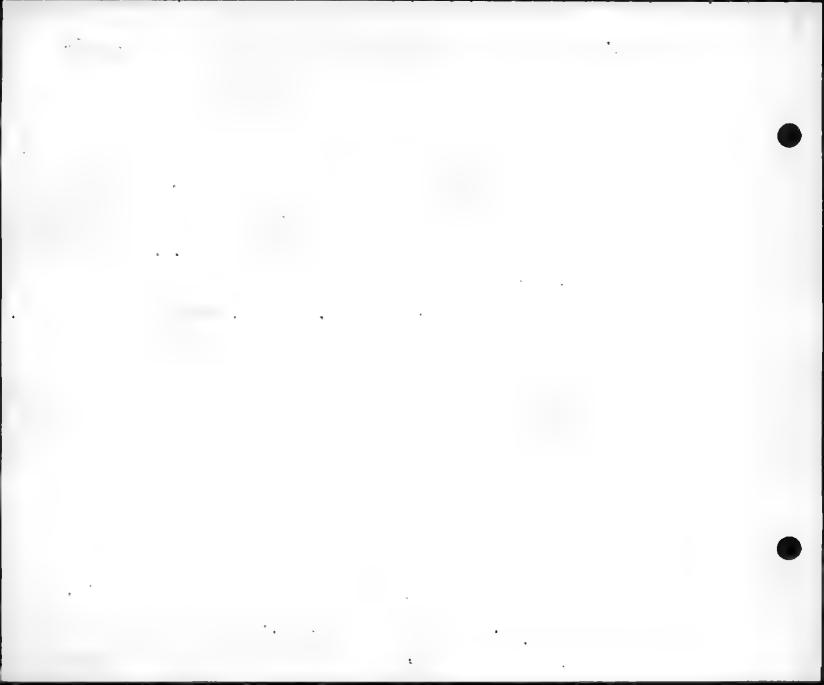
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15685

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15005

1 DEPT	200017	ENGAMMENTS CERTIFICATE OF DEAT	1900
EPT. ≅ ∉	PLACE OF DEATH O COUNTY Garrett	2 USUAL RESIDENCE (Where deceos O STATE ITATYTATE	ed I ved, if institution Residence before odmission b COUNTY
ın any event wıthır 72 hours after death	b CTY OR TOWN (If autside carparate limits, write RURAL and give gegrest town)	GTH OF STAY IN 1b C C TY OR TOWN (If outside corporo	te limits, write RURAL and give nearest town)
iours af	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	d STREET ADDRESS 6000 Pinching	St Rold e IS RES DENCE ON A FARM?
	(Type or built)		Nev. 29 clie. 19 66
	SEX 6. COLOR OR RACE 7 MARRED 1 N	DIVORCED July 1701;	AGE (In years FUNDER 1 YEAR IF UNDER 24 HI 625 b.rthday) Months Doys Hours Mir
	DO USUAL OCCUPATION (Give kind of work done programs) of warking life even if refered) 111100 Tailagar Buttillet	USINESS OR II BIRTHPLACE (Stote or foreign to rem Steel NiagmaTalls	COUNTRY?
	s fathers name George Godfr y	14 MOTHER'S MATCH NAME Joan Kirby	
		7-1161 Mrs. Ellen M. E	Address (Widow) adfrey, Baltimore, "
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	and (d)	INTERVAL BETWEEN
buriai, cremonian, ar remavai,	Conditions, if ony, which gove rise to immediate cause (o). Storting the underlying cause lost	y sclerosis	Years
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 2-Provided as grocard al.	N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	2Do EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 2Dc T ME OF INJURY Month, Doy, Yeor Hour o.m. 10 While No.	OW INJURY OCCURRED (Enter nature of injury in Port I or Port	Lof item 18)
	2Dc T ME OF INJURY Month, Doy, Yeor Hour o.m. 19 2Dd INJURY OC While of work 0	CURRED 2De P_ACE OF INJURY (Home, form, 2Df foctory, street, office bldg., etc.)	(City or town) (County) (State)
	21. I certify that I took charge of the remains d death restrict from: Natural causes 2, Ac	ccident 🔲, Suicide 🔲, Homicide 🔲, Un	
	ACTUAL SIGNATURE Deserve A Tearlow	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
	PRAMINER'S NAME (Type) James H. Feaster,	Erra, II. D. Address (Street, city, town, o	or county Pakland, Md.
	REMOVAL (Specify) 17/27/66 Got	rants Paraby 68: Bal	ATION (City or Town) (County) (Stote) Ltimore, Maryland
5NR	24. FUNERAL DIRECTOR John O. Durst	ADDRESS O. Durat BOURECTD, BY BEGISTR.	AR 25b. REGISTRAR'S SIGNATURE

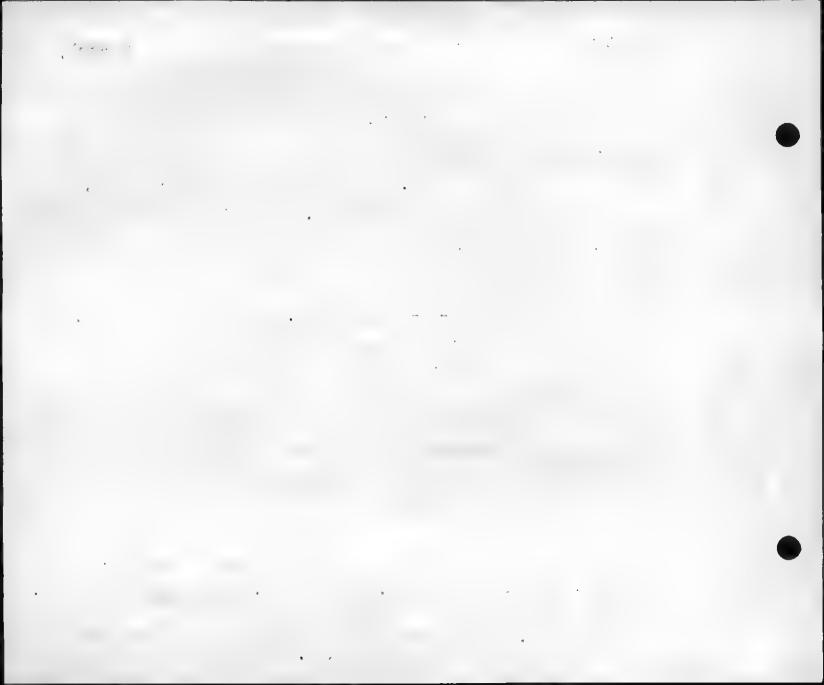


24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

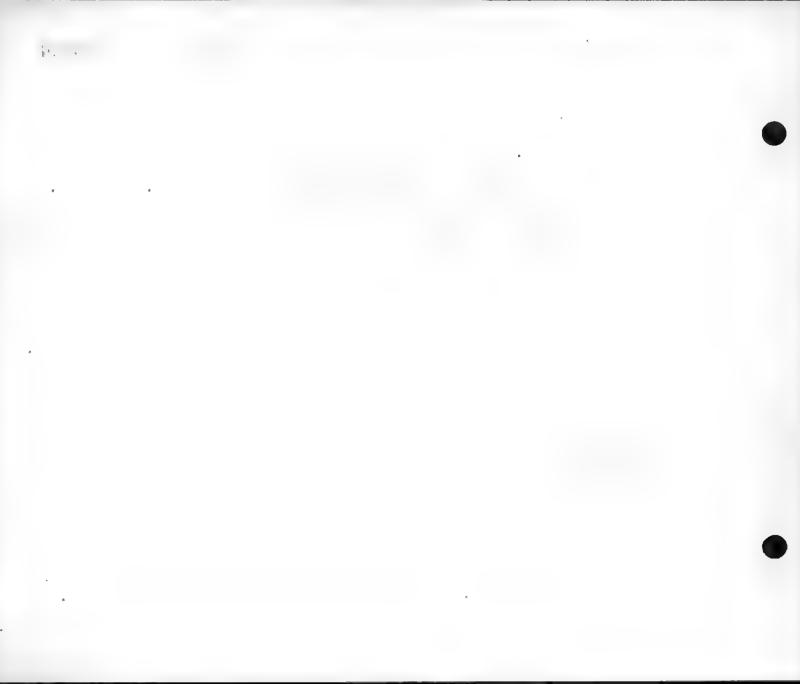
	1)		15686			CERTII	FICATE	OF DEATH			1568	8	
Tuneral Tand er death			PLACE OF DEATH o. COUNTY Ga:	rrett		MAR	RYLAND	o. STATE Ma	E (Where deceas	k com	NTV	fare admission) rott	
by the t Pages aurs afte			b CITY OR TOWN (If write RURAL and	outside corparate limit give gearest tawn)	5,	Lifeti		c. CITY OR TOWN (III		te limits, write RU	RAL and give nea	rest town)	
= X:돈	1			or institution (# no Teeks Hur				d STREET ADDRESS				ON A FARM? YES NO	=
letely tilled Orban pape at, within 7	-		NAME OF DECEASED (Type or pnnt)	BETLE		Middle L •		Lost HIPSLEY	4 DATE OF DEATH		or 11,	19 66	
emove containing only event,			Entral e	6 COLOR OR RACE	7 MARRIED WIDOWED			pt. 21,	1881	AGE (In years lost burthday)	Months Day	s Hours Min	_
ing physician and campletely then please remove carban emoval, and in any event, with		qut	ing mast at working l	Give kind of work dane te, even if retired)	IME	ND OF BUSINESS OR DUSTRY LICE I, N.S.		Oalclen	d. Har	,	12 CITIZEN COUNTR	Υ?	
ig phy Then mova				Michael		OCIAL STOURING NO		14. MOTHER'S MAIDE Aminin	da Sav	age Addr	0.75		
by the attending phy transit permit. Then cremation, ar remova			s, no, or unknown) (N JS ARMED FORCES? If yes give war ar dotes o	of service)	ocial security no 7 - 20 -3 23			Smale	,	Ouklard	<u>Maryl</u>	
by the ransit p			PART I. DEATI	ATH (Enter any ane cau I WAS CAUSED BY: IMMEDIATE CAUSE	(e) Cer	(a), (b), and (d) reheral	Vascu	lar acc	dent			ONSET AND DEATH	
signed burial- burial,			Canditians, if ony, nse to immediate	cause (a), ((b)	Lencine.	roti	c cardio	J-VS4C	"Tor "!	neas¢V	oars -	
icate has been far use as the Health priar to			stating the underl	NIFICANT CONDITIONS C	(c)ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO TH	E TERMINAL DISEASE	CONDITION GIVE	N IN PART I(o)	1	IP. WAS AUTOPSY	_
icate ha far Jse Health p	6	T FICATION	20a ACC DENT WAS		205 DES	CRIBE HOW INJURY O	OCCURRED. (E	nter noture of injury	in Part I ar Por	t II af item 18.)		PERFORMED?	
this certif detached ie Dept. af		MEDICAL CERT	OR CONTRIBUTING E (IF EITHER, NOTIFY A 20c. TIME OF INJUI	RY Month, Day, Year		JURY OCCURRED		OF INJURY (Home, f		(Crty or town)	(County)	(Stote)	
After be c		MEI	Haur a.m p.m 21. [certif	that (1) (this has	while at work pital) attend	led the deceased	from 1	y, street, affice bldg., i	19 1	0]]_9=:	£, 19,	that (I)_(we)	as
Strok: / strought with the			saw the de 22a, SIGNATURE	ceased alive an_	/	5_19	and that	death accurred	MED	, fram causes	22b. DATE SI	IGNED	ve
page filed	1		22c PHYSICIAN'S NAME (Type)	Jares H	T as	+ m, Jn.	O.M.	PHYS 22d. ADDRESS		PHYS L			
	1	230	I. BUR AL, (REMATION REMOVAL (Specify)	<u> </u>	EREOF	23c. NAME OF CEN	METERY OR CR	EMATORY	23d. LO	CATION (City or To	iwn) (Caui	nty) (State)	
R A15 (4)	1	24 L	BUTTAL FUNERAL DIRECTOR	TABOTA C.		Partlan Popus L'A' L' Ca	UK	wat From	EC'D BY REGISTR	AR 2Sb R	EGISTRAR'S SIGNA	TURE	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 15687 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY Garrett Poge 0 deoth. MARYLAND delay Deportment b CITY OR TOWN (f autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) pua ofter Minutes Friendsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form hours in Item 18. Give Poges 1, (DOA) Garrett Co. Memorial Hospital ote YES NO X 3 NAME OF olong with KI She nost M ddle 4 DATE 5 Month DECEASED Cordelia Kissper Emanlin. (Type or print) 26th. DEATH Nov. 19 66 event within IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BRITE 9 AGE (In years IF LINDER 74 HRS NEVER MARRIED last birthday) Months Days Female White WIDOWED 🛣 D VORCED Office (lond2 1Da USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Saratoga Co., Housewife Home pencil i 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Gilbert Palmer dulia Rockius ⊆ IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) ((If yes give war or dates of service) Chief Medicol permit removal, Mrs. Barbara Kisner, Friends Illo, M. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMED ATE CAUSE (a) Coronary thrombosis 10 the certificate, writing the word 4 should be farworded to the Ch used os a buriol-tr buriol, cremotion, Arteriosclerotic cardio-vascular disease Canditions, if any, which gave 3 Years nse ta immediate cause (a). DUE TO stating the underlying couse lost nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? Cereberal vascular accident May 1966 pe NO X 0 2Da EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW NIJRY OCCURRED (Enter nature of inury in Port I or Part II of item 18) 3 should PRIMARY Contributing TAMILER: CAUSE OF DEATH ogent, 2Dc TIME OF INJURY Manth, Day, Year 2Dd NJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (State) your Haur a.m. factory, street, affice bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page at work please execute funeral director. Page at wark its designated 21. I certify that I taak charge of the remains described above, held an Autapsy [7], Inspection [47], Inquiry [X], and in my apinian death resulted fram: Natural causes X . Accident . Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM:NER SIGNATURE 5 may be 170 FUNERAL Health or i 11-26-66 DEPUTY MEDICAL EXAMINER NAME Type James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oakland, Md. the NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Spec fv) Briomasvillo, carrett, nt. 24 FUNERAL DIRECTOR 25a REC'D BY REG STRAR 25b REGISTRAR 5 SIGNATURE VR ATSME (5; DATE NOV

6M 1766

r.d.



VR A15 (4) 15M 4-64

0

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15688 CERTIFICATE OF DEATH 15690

1 1	. PLACE DE DEA	TH				2. USUAL RESID	DENCE (W	here decea			esidence	before admission
	a. COUNTY	GARRETT		MARY	LAND	a. STATE	MA	RYLAI	D b. COUNT	ſΥ	GARE	RETT
	b. CITY OR TO	WN (If outside corporate	ilmits,	C. LENGTH OF STAY		c. CITY OR TOWN	(If outs	ide corpo	rate ilmits, wri	te RURAL	and giv	e nearest town)
П	OAKI.	L and give nearest town)	10 HRS		XXXXX		R' ir	al - D	a m	Dan	- 111
-		OSPITAL OR INSTITUTION		spital, give street a	ddress)	d. STREET ADDR		21,00	- L	<u> </u>	is the co	. IS RESIDENCE
		COUNTY MEMO									Y	ON A FARM?
3	NAME OF DECEASED	Fir	st	Middle		Last	4.	DATE	Month		Day	Year
П	(Type or print)	WILLIAM		HENRY		LOHR		OF DEATH	NOVEMBE	R	8	1966
5	. SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH		9.	AGE (In years I last birthday)	FUNDER		
	MALE	WHITE	WIDOWED	DIVORCE		FEB. 21.	1882		84 yrs.	Months	Days	Hours Min.
1 d	uring most of wor	TION (Give kind of work d king life, even if retired) _ 1N	nd of Business or Dustry eral Far	ning	Garre U	County CO	& State, o	r foreign country)	12. CI	TIZEN C DUNTRY	
1	3. FATHER'S NA		GGII	orar ran	TTTE	14. MDTHER'S						USA
	P	ETER J. LOHR					CCA 1		IRNI			
-	15. WAS DECEASED	EVER IN U.S. ARMED FOR	RCES? 16. 5	SOCIAL SECURITY NO). 17.	INFORMANT	HOOR	II JAMES	Address	S I	an l	
ľ	Yes, no, or unkown)	(If yes give war or dates of		9-Li6-185		George	W.	Lohr	The * and	a) vebr	on)	~ ***3
=		F DEATH [Enter only one				George	Wa	POUT.	9 11.10	IGS /		RVAL BETWEEN
		DEATH WAS CAUSED BY:	17	anca les	/ /	47.00000 200 200	.1 h.				ONSE	EL AND DEATH
	1501	IMMEDIATE CAUSE (/	THE SILL ST GY SI	A	(11/10/12/20	COE ST					7/12/2
	Conditions If	any, which \	plan a	I am or to write	200	a Pero	1.1.				2	in
ı	gave rise to	Immediate (b)	MILLEL TO	12	Est 1.6.	1.4662	26-		-	1	<i></i>
П	cause (a),		0								1	
12	underlying cal	ISB IEST.	c)	TIME TO DEATH BUT	IOTOFI A	TED TO THE TED IN	IAL DIREA	DE COMP	CTON CIVENIAL	BDT T/a	110	WAS AUTDPSY
Ė	P FARTH. OTHER	SIGNIFICANT CONDITION	12 CDM IKIBO	IIME ID DENIH BUT	NOTRELA	LED TO THE TERMIT	MAL DISEA	SE COMP.	I I I ON GIVEN INF	ART I(a)		PERFORMED?
l i											YES	S ND X
NOTESTIER	OR CONTRIBUTED (IF EITHER, N	T WAS UNDERLYING [] TING [] CAUSE OF DEAT OTIFY MEDICAL EXAMIN	20b. D ER)	ESCRIBE HOW INJU	RY OCCU	RRED. (Enter natu	re of Inju	ry In Par	t for Part II Of	item 18.	.)	
		INJURY Month, Day, Y	ear 2Dd. IN	UURY OCCURRED :	208. PLA	CE OF INJURY (Hom	e, farm,	20f. (C	ity or town)	(Cou	(nty)	(State)
MEDICAL	Hour a		While	Not While at work	facto	ry, street, office bld	g., etc.)					
12		i.m. 19	at work		8	1311	10/	- 10	NOV. 8	10 6	V6 11.	at (I) (we) las
П		ify that (I) (this hospi eceased <u>ali</u> ve on <u>NO</u>				death occurred	1820		4 the course			
П	228. SIGNAT		Y.O. U.S.	19 00_, 8	mu tnat			CHALTELET	amie caoses a	22b. D.		
П		AJGIA.	Alin	$\overline{}$	M.D	ATTENDING X	MED.	CTOR [STAFF PHYS.	-	but	
L	22c. PHYSIC	IAN'8	118/1_		IM.U	22d. ADDRES	O MILE	LION L	rnis, LJ		-	
	NAMÉ (Typé) DR. B. L	. GRAN	7			OA.	KLANI	MARYL.	AND		
2	3a. BURIAL, CRE	MATION 23b. DATE TO		23c. NAME OF CE	EMETERY	OR CREMATORY			ATION (City, to		unty)	(State)
	REMOVAL (S		166 1	DAGE R	arita	Comoter	U"	Dee	r Park	. Ma	ryl	and
17	24. FUNERAL DIF		irst	ADDRES	Y	ust 25a.	REC'D B		RAR 25b. RE	GISTRAR'	S SIGNA	ATURE
I	Leighton		eral	Mond, Oals	lar.	DATE DATE	NOV	14	1966 &	Clian	eles	Judge



DATE

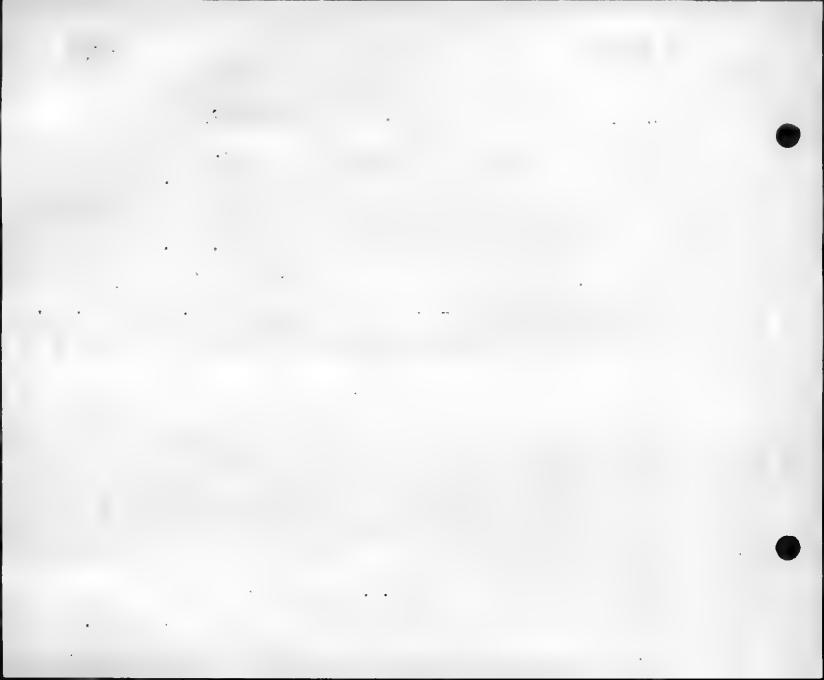
		15689			CERTIFIC	CATE	OF DEATH			15	691		
		LACE OF DEATH COUNTY Ga	wrott		MARY J	AND	2 USUAL RESIDENCE (Where deceos	ed lived, if institu b. COL	tion Resider	The before o	dm ssion)	
	b I	CITY OR TOWN (IF	outside corporate l'mit geve negrest tawn)	S _t	c LENGTH OF STAY IN	lb	c. CITY OR TOWN (H o			JRAL and giv	e negrest to	own)	
			Street	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS	" St.				IS RESIDENCE ON A FARM? S NO FE	
=	0	IAME OF PECEASED Type or print)	Laisy	rst.	Midd e Ray		loss KcHenry	4 DATE OF DEATH	No".		Doy	Year 46	
	s s		6 COLOR OR RACE Whitte	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	1 1 1	DATE OF BIRTH		AGE (n years birthday)	IF JNDER Months		Hours Mm.	
	quitt	USUAL OCCLPATION ig most of working li		10P K I	ND OF BUSINESS OR		11 BIRTHPLACE (County Frederic)		42		IT ZEN OF W		
ı	13.	FATHER'S NAME	F. Stottl				14. MOTHERS MAIDEN Matild		?				
34					OCIAL SECURITY NO	17 I	NEORMANT NILDS MOHE	n''y,	Add		Con)	247.	
F	T	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY COMMEDIATE CAUSE (c) ADVANCED CONCERNS VE FOR LUCK ONSET											
		Conditions, if only, rise to immediate stating the underl	which gove)	10 W17	H GENER	ZA	LIZED A	NASA	12 CH		64	10	
	-	last.)	(d) D)	ERE		he terminal disease coi				PE	AS AUTOPSY REORMED?	
	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY M	CAUSE OF DEATH	205 DES	CRIBE HOW INJURY OCC	URRED.	Enter nature of injury in	Port I or Por	t II of item 18.)		YES	□ № 🔼	
	MEDICAL		RY Month, Doy, Year	20d ¹ N While of work	N = 6 Ndl-21 =		E OF INJURY (Home, form iry, street, office bldg., etc.		(City or town)	(Co	ounty)	(State)	
١		reaw the de	ceased alive an_	spijal) attenç	led the deceased fi	ram <u>.</u> nd tha	death occurred at	1960 1	a NOV \), 19 and an i	60 , that the date	t (I) (we): las stated abave	
		224 HONATURE	Raum fa	Milk		M.	ATTENDING PHYS	MED. DIRECTOR	STAFF (22b f	ATE SIGNED	6	
		22c. PHYSICIAN S NAME (Type)	11. (U.	ong ar	ther, M.L		22d. ADDRESS Ochsiland	4	rd ald		^^-		
	-	BURIAL (REMAT OF REMOVAL (Specify)	11/12		23c NAME OF CEMETE Hill 27 15		emotory	Ci	CATION (City or T	ا والما	(County)	(Stote)	
	24	FUNERAL DIRECTOR		Tennels a to P	ADDRESS	,	250 CREC	D BY REGISTE	966 XO	REGISTRAR'S			

Cumberland, Maryland

VR A15 (4) 20 M 1/66

H. Wayne George

FIG HOSPITAL OR ATTENDING ENVIRONME: The law requires that the drath certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.



FOR STATE HEALTH DEPT.

uny delay is

This certificate shauld be executed within 24 hours after death 14

TO DEPUTY MEDICAL EXAMINER:

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the five Med cal Examiner's Office along with farm PM3. Page with the State Department of withth 22 Hours after death **O FUNERAL DIRECTOR:** Page 3 should be used as a burial-trans: permit File pages 1 and 2 Health or its designated agent, priar to burial, crematian, ar remaval, and in any event 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bund-trans: permit

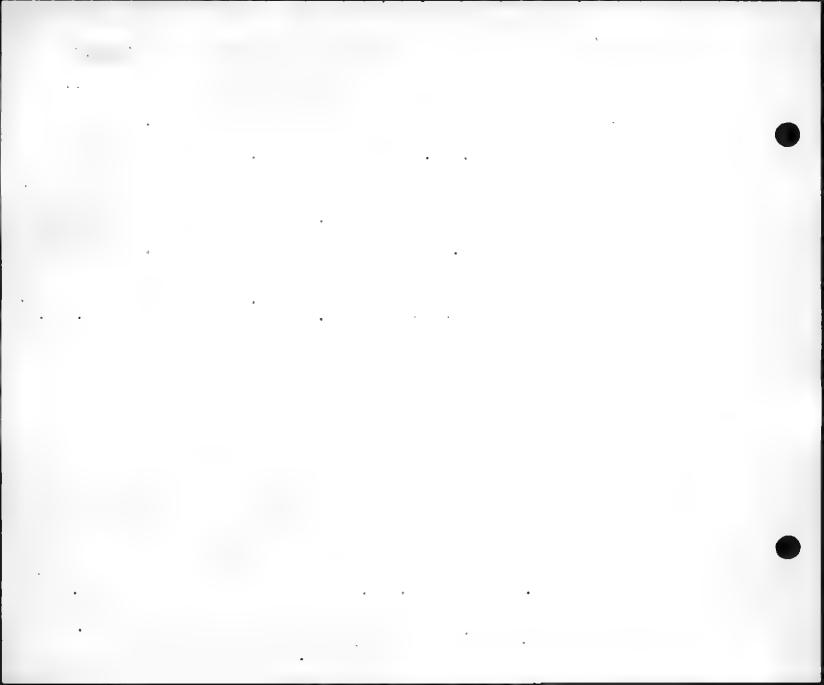
VR A15ME (5) 1

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15690 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15692

ľ	1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed ved, finistitution Residence before odmission)						
1	o. COUNTY Garantt	MARYLAND	o STATE Maryland	b. COUNTY Garrett					
t	b CTY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN b	c CITY OR TOWN (f outside corporate li	mits write RURAL and give nearest town)					
	Rural - Gorman, Mai	ryland h yrs	Rural - Gorman	n. Mr.					
	d NAME OF HOSPITAL OR INSTITUTION (If not in		d STREET AOORESS	e IS RESIDENCE					
-	Route "1, Gormania	, II. Va.		Gornania, WVa ves No 🔼					
I	3 NAME OF First	Middle	Lost 4. DATE	Month Ooy Year					
	(Type or print) EARL	WILLIAM	TILL DEATH I	November 11, 1966					
		112.101		GE (n years IF UNDER 1 YEAR FUNDER 24 HRS					
-	Male White	WICOWEO DIVORCEO A		Yrs					
	100 USUAL OCCUPATION (Give kind of work done	.Ob KINO OF BUSINESS OR	11 BIRTHPLACE (State or foreign countr	COUNTRY					
1	during most of working life, even if retired)	Gen. Farming	Literty Furnace	va. USA					
Ì	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
1	Unlineun		Unknown	1					
Ì		16. SOCIAL SECURITY NO 17	INFORMANT (Deu)	Address Gor enia,					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of se	P35-16-7869 11		ins, Rt 1, W. Va.					
ŀ	1B. CAUSE OF DEATH (Enter only one couse			INTERVAL BETWEEN					
	DADY & DEATH WAS CAUSED BY	Coronary thronl	oosis	ONSET AND DEATH					
	47/1 DUE TO	Washington Washington							
	Conditions, if any which gave) (b)	Arteriosclareta	ic cardio-vascul	ar discase Thans					
	rise to immediate couse (o), DUE TO								
	kist. (c)								
-	PART IL OTHER S GNIEICANT CONDITIONS CON		THE TERMINAL D SEASE CONDITION GIVEN IN	PART I(o) 19 WAS AUTOPSY					
4	ATION			PERFORMED? YES NO					
	200 EXTERNAL CAUSE WAS PRIMARY \(\sigma \) or CONTRIBUTING \(\sigma \) CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port or Port 1 (of item IB)					
1		20d INJURY OCCURREO 20e PLA	CE OF NURY (Home form, 20f (Ci	ity ar town) (County) (State)					
1	Hour o.m.	While Not While fool	ory, street, office bldg., etc.)	(====,), (====,)					
1	7111	ot work L ot work L	Id as Astasas D. Jasaston	然					
		of the remains described above, he couses [X], Accident [7], Suic							
1	death resurred from: Natural (louses et , Accident [], Su c	CHIEF MEDICAL EXAMINER	_					
1	ACTUAL /		ASSISTANT MEDICAL EXAMINER [22, DATE SIGNED					
1	SIGNATURE	1/	DEDUTY MEDICAL SYMMETICS	は、一十丁一つの					
-	HAMIS (Libe)	aster, Fr., 1.	Address (Street, city town, or o	ounty)Oaklad, I'd.					
	230. BURIA, CREMATION, 235. DATE THERE		CREMATORY 23d LOCAT	ON (City or Town) (County) (State)					
	(EMOYAL(Speedly) 71/11/			Caliland, Md.					
	27 TOTAL DIRECTOR O TOTAL	urst how	mot NOVD IY HEISTYS	6 25h REGISTRARS S GNATURE					
	I ichton-Darst fun	eral Zome, Oaklan	C NICL OATE	I mage					



FOR STATE HEALTH DEPT opencity in Item 18. Give Pages 1, 2, and 3 to appropriate along with farm PM3. Page

any delay is

This certificate shauld be executed within 24 haurs after death If

necessary, please execute the certificate, writing the ward "pending" in the funeral directar. Page 4 shauld be farwarded to the Chief Medical Ex

TO DEPUTY MEDICAL EXAMINER:

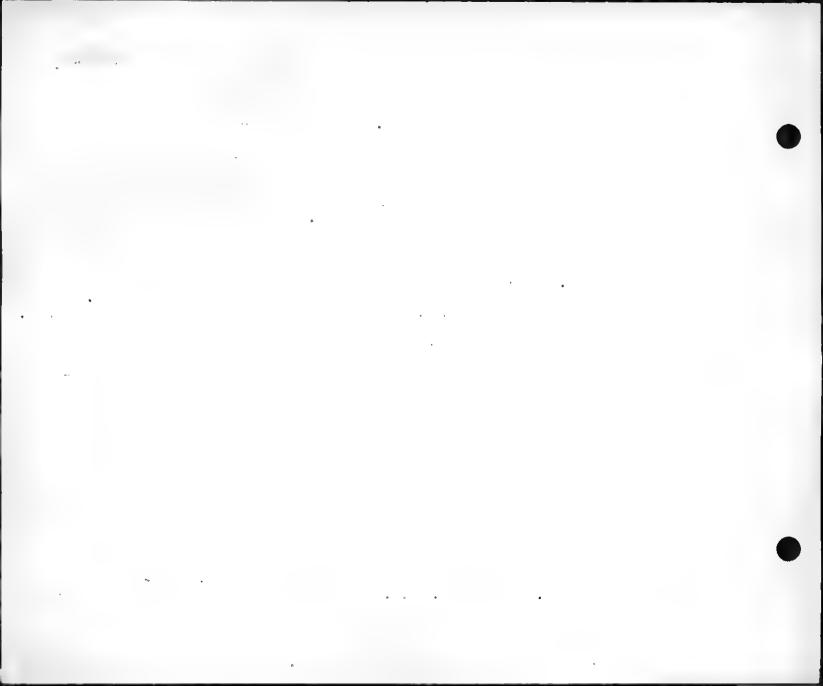
VR A15ME (

5 may be retained for yaur files

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit

File pages I and 2 with the siving offer deaths, and in any event within 72 haurs after deaths. Health ar its designated agent, pror ta burial, crematian, ar removal, 2

	1569	1	MED	ICAL EXAMI	NER'S	CERTIFICATE O	F DEATH	156	193	
	PLACE OF DEATH						here deceased lived, if insti		e before odrīfiss	ion)
	o. COUNTY (Gerrett		MAI	RYLAND	o. STATE	land 600	утипу Т.	a rett	
1	CTY OR TOWN (If autside corporate him ts		c LENGTH OF STAY	IN b	C CITY OR TOWN (F out	tside carporate limits write l			
	Write RURAL ong	give negrest town)		18 Mo		Rural	- Oakland		11	,
0		A. OR INSTITUTION (If not	in hospito, g			d STREET ADDRESS			e IS RES	
	hp_~ to	-Wooks Nur	rring	Home		Route	: /1		AE2 ON V	NO .
	NAME OF DECEASED	Firs		Midd e		Lost	4 DATE Mo	onth	Doy Y	ear
(Type or print)	TAT TAI	r	HILLE		HERMA	OF DEATH LIDTON		19	
5 5		6 COLOR OR RACE	CICIXIANX	MENGENORM		DATE OF B RTH	9 AGE (n years	Months	YEAR FUNDE Doys Hours	R 24 HRS
T	Tallo .	White	WIDOWED	₩ DEFORC	KKAN	Jan. 24,18	70 7 Tot birthdoy)	MOTHE	DOYS HOUIS	Milli
1Do	USLAL OCCUPATION	(G ve kind of wark done		ND OF BUSINESS OR	· -	11 B RTHPLACE (State	ar foreign (auntry)		ZEN OF WHAT	
สามเ	ng most of working	life, even if retired)	Sci	Pust RY al		Dunbar, F	enna.	1,40	INTRY?	
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
	George	e H. Murph	ıy			Nettie	Thomas			
15	WAS DECEASED EVE	R INSUS ARMED FORCES?	16	SOCIAL SECURTY NO	17 1	NFORMANT		dress (De.	1.	
(Ye:	s, no, ar unknown) NO	(If yes give wor or dates of	service)	3-01-565	34 1/	rs. Aruold	Coll, Rt			MA.
	PART I DEAT	EATH (Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (,	(o), (b), ond (c)) CORONAR			LEFT		INTERVAL BE	TWEEN
	4200	DUE 1	*							
	Conditions, if only		b)	CORO	NARY	SCLEROSIS				
	rise to immediat stating the under lost	rlying couse DUE	(d)					_ ;		
FICATION	PART II OTHER SH	GNIFICANT COND TIONS CO	NTRIBUTING T	TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL D SEASE CON	DITION GIVEN IN PART 1(0)		19 WAS ALT PERFORM	
CER.	2Do EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b DE	SCRIBE HOW INJURY	OCCURRED (Enter noture of injury in F	Part I or Part I of Item 18)			
MEDICAL	20c TIME OF INJU Hour or	RY Month, Doy, Year n. 19	20d III While at worl			E OF N/URY (Home, form cry, street, office bldg., etc.)		(Cou	nly)	(State)
	21. I certif	y that I took charge	of the ren	noins described o	bove, he	d an Autopsy 📆 ,	Inspection 17, In	quiry 📆,	and in my	opiniar
П	deoth résult	. /	couses				_		,	
П	`//	2	I	* ·	1	CHIEF MEDICAL				
	SIGNATURE	tree et.	LE	maler . T	E- C- <	OM B ASS STANT MEDI	CAL EXAMINER		22. DATE	
	EVAMINEDS			-		DEPUTY MEDICA	E EXAMINER TO Oak	land, 1	Marylan	d
	NAME (Type)	ames H. Fea	ster,	Jr. M.D.			city, town, or county)		11-30	66
230	BUR AL, CREMATIC PEMOVAL (Specify	236 DATE THE	EOF			rematory Ilemorial	baltland.	Hary.	land	State)
24	FUNERAL DIRECTO		John	· Canarre	ins	250 REC'D	BY REGISTRAR 25h	REGISTRAR'S S	GNANURE ()	de
Lo	i, hton	-Durst Ju	10 931	Home 0			EC 5 1966			0



FOR STATE **MEALTH DEPT**

any delay is

TO DEPUTY MEDICAL EXAMINER: This cert.ficate should be executed within 24 hours ofter death If

with the State Deportment af

0 FulliPRIV DIRECTOR: Pinge 3 shævid bin used as a burial-trainit permit. File ingget **foots** with the State Department of Teolith or its designate™ agent, prior to invited, cremation, or removal, and in an exemit within 72 hours after death.

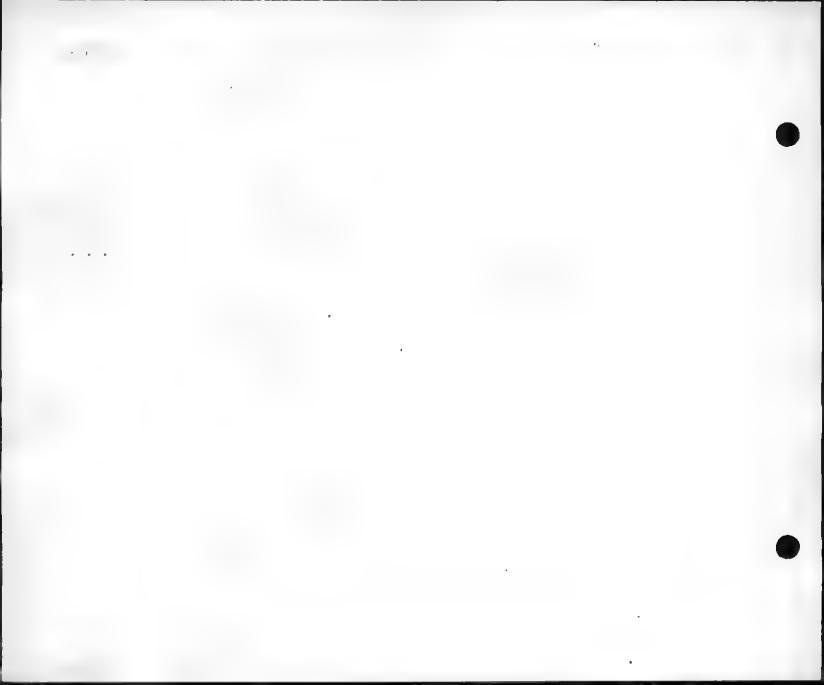
necessary, please execute the certificate, writing the word "pending" in pencl in Item 18. Give Pages 1, 2, and 3 to the fu≡eral director Page ■ sho≡ld be forwarde■ to the Chief ™edical Examiner's Office along with form PM3. Page 5 may be retained for your files

TO ILITIERAL DIMICTOR: Pinge 3 shimuld bin used as MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15692		MEDICAL EXA	MINER'S	CERTIFICATE O	F DEATH	15	5694
	LACE OF DEATH					Where deceased I ved, f		ce befare adm ssian)
	Garı Garı	rett		MARYJAND	o. STATE Maryl		b county	llegany
ŀ	CITY OR TOWN (It outset	de corporate i mits,	c LENGTH OF	STAY IN 1b		itside carparate limits w		
	write RURAL and give r	nearest town)	33 mor	nths	Mt Sa	vage		
-	NAME OF HOSP TAL OR	NSTITUT ON (If not in he	spital, give street addres	is)	d STREET ADDRESS			e IS RESIDENCE
~	1 1 157 7				0-77-	77.2 7 7		ON A FARM? YES NO 🔀
	uppett-Weeks	s_Nursing_H First	ome Midd	la	Calla Lost	4 DATE	Manth	Doy Year
Į	DECEASED	Ida	Belle	10	Phares	OF DEATH NOV.	13th.	19 66
5 5	Type or pnnt)			ADDIED CT	B. DATE OF B.RTm	9 AGE (n y		
				ORCED	July 23, 18	Inst hirth	day) Months	Days Rours Min
10a	USUAL OCCUPATION (GIVE)	and of work done	10b. KIND OF BUS NESS	OR	II B RTHPLACE (State	ar fareign cauntry)		TIZEN OF WHAT
durii	ng most of warking life, eve Housekeeper		At Home		Maryland		Ŭ.	UNTRY?
13.	FATHER S NAME		20 110110		14. MOTHER'S MAIDEN I			
	Hil	leary Bran	t.			Barba	ra Broten	markle
15	WAS DECEASED EVER IN ITS	ARMED FORCES?	T 16 SOCIAL SECURITY	NO 17	INFORMANT		Address Ca	lla Hill
(Ye	No (If yes	give wor or dates of servi	None	M	rs. DeNoma Y	utzv	Mt Sav	rage, Md
Ť	1B. CAUSE OF DEATH (E							INTERVAL BETWEEN
	DART I DEATH WAS	FAIRED DV.	Coronary th		3 6			ONSET AND DEATH
	4.5	MMEDIATE CAUSE (c)	COLOHALY CI	IT OIIDOS	1.5	-		3 111.
1	Cand trans if any, which		Antoniosoli		conomeliano	J		
	rise to immediate cous	e (o), (DUE TO	Arteriosci	grosis,	generalized			
	stating the underlying (tause						
- 1) (c)	NAME TO DEAT OUT AND	OT 0374130 TO	THE TERM AND DISCASS CON	DITION OF THE BADY	17.3	19 WAS AUTOPSY
NOL	PART II OTHER SIGNIFICA	INT CONDITIONS CONTRIE	UTING TO DEATH BUT NO	OI KELATED IO	THE TERM NAL DISEASE COM	ADITION G VEN IN PAKT	T(a)	PERFORMED? YES NO
CERTIFICATION	20g EXTERNAL CAUSE WA		20b DESCRIBE HOW INJU	JRY OCCURRED	. (Enter nature of in ury in	Part I ar Part II of Item	18)	
	PRIMARY (ar CONTRIBUT CAUSE OF DEATH	IING 🗀						
MEDICAL	20c TIME OF INJURY Mo Hour a.m		20d INJURY OCCURRED While Not While		ACE OF INJURY (Hame, farm ctary, street, office bldg, etc.)		own) (Cou	unty) (State)
	p m	19	at wark LJ at wark	4				
	(' /	9		1 /	eld an Autapsy [],	Inspection 🐷 ,	Inquiry 📆.	and in my ap nian
	death resulted fro	am Natural cau	ses 📈 , Accident	SJ SJ	icide 🔲, - Hamicide		red manner [J
	ACTUAL C			1	CHIEF MEDICAL			22. DATE SIGNED
	SIGNATURE & CON	me Ma	Alanka 17	- K	/NLD	ICAL EXAMINER		
	EXAMINER'S					AL EXAMINER	1.	1-13-66
		es H. Feast	er, Ir., M	. D	Address (Street	t, city, tawn, ar county)	Oakland,	Md.
230	BURIAL (CREMATION, REMOVAL (Specify)	23b DATE THEREOF		CEMETERY OF		23d LOCATION (Cr		(County) (State)
	Burial	11/16/66		ill Cer		Cumberlar	nd Alleg	any Maryland
24.	. FUNERAL DIRECTOR		ADDRES	S		0.1.1	256 REGISTRAR'S SI	
	H. Lee Si	Lcox Cumb	erland Mar	vland 2	21502 DATE N	UV 16 19\$6	Clas	elen Juses

VR A15ME (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15693 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived if institution Residence before admission) a. COUNTY n STATE b. COUNTY Garrett Garrett MARYLAND b CITY OR TOWN (If auts de corporate limits write RURAL and give nearest tawn) CLENGTH OF STAY N 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cakla 1 Day Grantsville (Rural e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Garrett County Memorial Hospital YES X NO 3 NAME OF 4. DATE Lost Month DECEASED 0F (Type or print) Jacob DEATH 19 E Late Auto S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED Months lost birthdoy) Hours WIDOWED May 7, 1882 DIVORCED Do. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY Own Jennings, Md. Retired Farmer Farm 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Rachel Bittinger Henry Platter IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service R.D., Grantsville, Md. No 18 CAUSE OF DEATH (Enter only one couse per the for (a), (b) and (c)) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cereberal vascular accident, left IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic cardio-vascular di Hase Years Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoling the underlying couse krst. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of term 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) at work of work 21 | certify that I taak charge of the remains described above, held an Autopsy | nspection . Inquiry2 and in my apinian Natural causes 🖾 Undetermined manner death resulted fram. Accidént Suicide Hamicide (CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 11-11-66 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) James H. Feaster, Jr., M. D. Address (Street, city, town, or county)Oakland. Md. 23c NAME OF CEMETERY OR CREMATORY 230 BUR, AL, CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) Grantsville Cem. Grantsville.Garrect 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR ocharles DATE NOV

VR A15ME (5) 6M 1/66

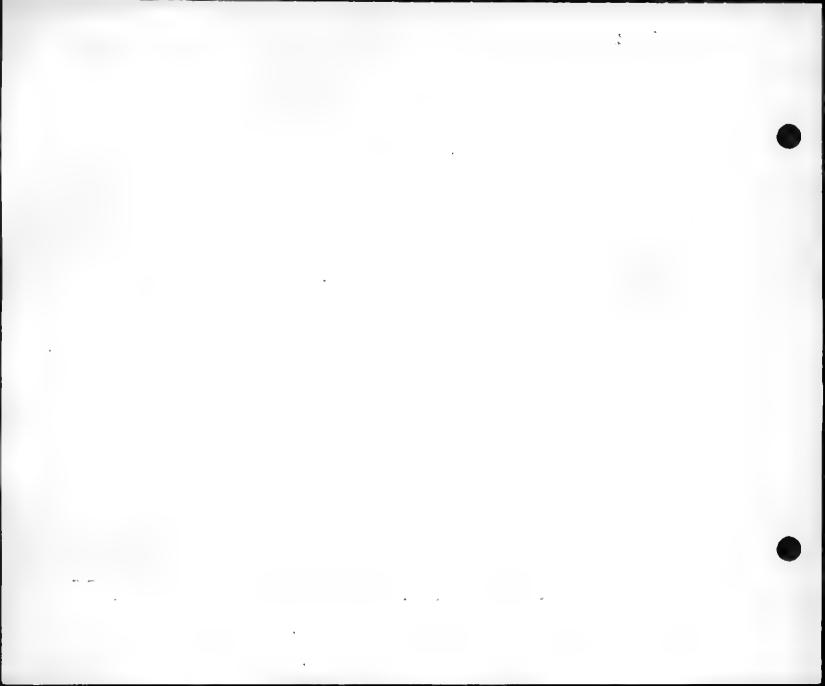
Health or

funeral directar,

the

O DEPUTY

be retained



15M 7 6I

DIVISION OF STATISTICAL RESEARCH AND RECORDS. TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before admiss on) a. COUNTY b. COUNTY MARYLAND b. C.TY OR TOWN (I outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporale limits, write RURAL and give nearest town write RURAL and give nearest town) Grantsville Pittshurch d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, g ve street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? NOK 3 NAME OF Middle 4. DATE Month DECEASED OF 26 (Type or print) DEATH 1966 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Dave Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 18. SOCIAL SECURITY NO. | 17 INFORMANT Address (Yes, no, or unkown) ((If yes give wer or detex of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSEL AND DEATH PART . DEATH WAS CAUSED BY 2 day IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stelling the underlying cause last. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0 19. WAS AUTOPSY PERFORMED? NO DO teriosclaus 206 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert I of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) While Not While factory, street, office bldg , etc.) et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from ... !! saw the deceased alive on. . SKINATUR 22b. DATE ATTENDING DRECTOR PHYS. PHYS. MD 22c. PHYSICIAN'S 22d. ADDRESS 23a, BURIAL, CREMATION, 23b, DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) REMOVAL (Specify) ADDRESS 25a, REC'D BY REGISTRAR 25b REGISTRARYS SIGNATURE 24/FUNERAL DIRECTOR'S SIGNATURE A. . . DATE



FOR STATE HEALTH DEPT.

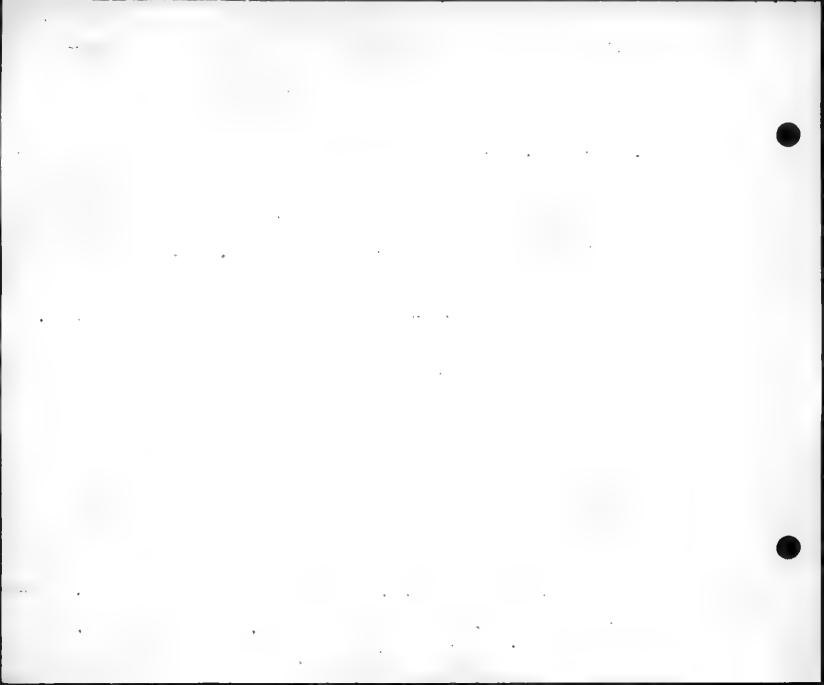
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed with n 24 hours offer death if any delay is necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page with the Stote Deportment of with the Stote Deportment of hours after deoth. File pages lond ? Health ar its designoted agent, prior to burial, crematian, ar removal, and in any event 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15695 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 15697
i. PLACE OF DEATH o. COUNTY Garrett MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Carrett
b (ITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY N lb. write RURAband gree pegest town) Minutes	C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Laro Park,
d NAME OF HOSPITA. OR INSTITUTION (I not in hospital give street oddress) (DOA) Garrett Co. Memorial Hospital	d. STREET ADDRESS B S RESIDENCE ON A FARM? YES NO 12
3 NAME OF Frst Modle DECEASED (Type or point) JOIN ALBERT	SAVAGE DEATH NOVER OF 10, 1966
Male White WIDOWED D VORCED A	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 13 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1879 9 AGE (In years IF UNDER 24 HRS 1870 9 AGE (In years II Years 1
100 USUAL OCCUPATION (Give kind of work done during most of working fe, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY COLUMN TITLE T 13 FATHER'S NAME	11 BRITHPLACE (State or fore gn country) Carrett Co. Kd. 14. MOTHER'S MAIDEN NAME
James Savage	? Deitrick
(Yes, no, or unknown) ((If yes give war or dates of service)	hn E. Savago, Mt. Lake Park, Md.
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) Conditions, if any, which gave inse to immediate cause (a), stating the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	cardio-vascular disease Years
2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED PRIMARY or CONTRIBUTING CAUSE OF DEATH.	(Enter noture of in ury in Port I or Port II of Item 1B.)
ZDX TIME OF INJURY Month, Day Year 2Dd INJURY OCCURRED 2De PLA	CE OF INJURY (Hame, form. 2Df (City or town) (County) (State) lary, street, office bldg, etc.)
21. I certify that I taak charge of the remains described above, he death resulted fram: Natural causes , Accident , Suice ACTUAL SIGNATURE	eld an Autopsy, Inspection, Inquiry, and in my apinion cide, Undetermined manner CHIEF MEDICAL EXAMINER
230 BURIAL CREMATION, REMOVALISPECTIVE 236 DATE THEREOF 236 NAME OF CEMETERY OR 11/13/66 R19 Sant V	CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Salley Cem. Near Oak land Md.
24 FUNERAL DIRECTOR John C. Durst ADRESS O. L	Sust No REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE A LIGHT

VR A15ME (5) 56M 1/66



YR A15ME (5)

BURIAL, CREMATION

FUNERAL DIRECTOR

23b DATE THEREO!

Oakland,

Oakland Rt. 2, Md NTERVAL BETWEEN Sudden Years 19 WAS AUTOPSY PERFORMED? NO. (Stote) (County) Inquiry 😿 , and in my opinion Undetermined monner 22. DATE SIGNED 11-24-66 Address (Street city, town, or county) Oakland. Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Friend Cemeterv Garrett Co. Maryland 250 RECD BY REGISTRAR Maryland

B IS RESIDENCE ON A FARM?

NO DO

19 66

F JNDER 24 HRS

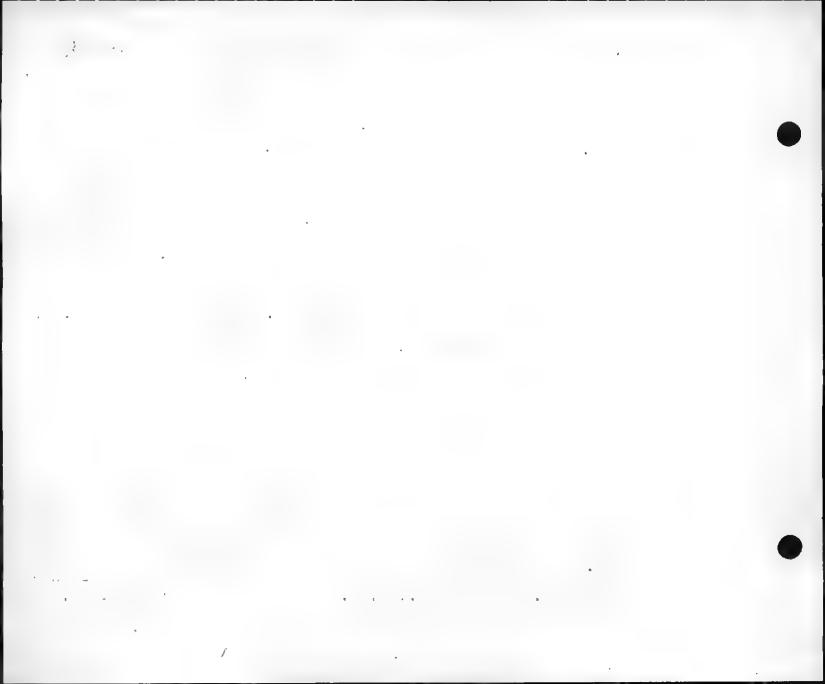
YES

Dov

12 CITIZEN OF WHAT

USA ?

FUNDER 1 YEAR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15697	7		CERTIFICATE	OF	DEATH			15	599
1 PLACE OF DEATH				2. USL	IAL RESIDENCE (V	Where deceose	d lived, if nstitution	Residence	before odmission)
a. COUNTY	C		MARYLAND	0 5	TATE	ryland	b. COUNTY	legar	^~r
h city on town (Garrett If outside corporate limits,	- 17	LENGTH OF STAY IN 1b	(CITY			e limits, write RJRAL		
write RURAL on	d give nearest town)		_	0,000				Ono g va i	1000031 1011117
	antsville_		One Year			<u>berlan</u>	<u>d</u>		1. / SEEDELIGE
d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital, give s	treet oddress)	d. STR	EET ADDRESS				e IS RESIDENCE ON A FARM?
Goodwill	Mennonite	Nursing	Home		155 Be	dford	Street		YES NO
3 NAME OF	First		Middle		Lost	4 DATE	Month		Doy Year
(Type or print)	Ruti	h	Frances	Smo	ouse	OF DEATH	Novembe	7*	2 19 66
5 SEX		7 MARRIED			OF BIRTH		AGE (n veors	FUNDER 1 Y	YEAR OF LINDER 24 HRS
70 7	7.0 4.1.	WIDOWED X	DIVORCED	Dog	23, 188	7	last birthdoy) N	fonths [Doys Hours Min
Female	White Give kind of work done		F BUSINESS OR		RTHPLACE (County			12 CITIZ	EN OF WHAT
during most of working	life, even if retired)	INDLST	RY						NTRY?
netired (Cashier	Marylan	d Theater Co		THER S MAIDEN I	ett Co	. Md.	U	O A
13 FATHER'S NAME				14 19					
	William P.					e Durs			
IS WAS DECEASED EVI	R IN U.S. ARMED FORCES? {If yes give wor or dotes of:	16 50CM	L SECURITY NO 17 II	NFORMA	INT		Address		
NO.	(1) Tes give wor or doles or	214	-05-8090 Th	oma:	S. Smo	use. F	loute 1, E	vere	tt, Pa
	EATH (Enter only one couse			-					INTERVAL BETWEEN
PART DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o	ant	muser	19	deale	mhan	Tim		ONSET AND DEATH
4201	DUE TO	*		100,000		6			_
Conditions, if ony		2/.	estimais.	. /	heat	dias.	-10	İ	3 years
rise to immedia	e couse (o),	7	27000		, ,				
stoting the unde	rlying couse	3							
last.	J (6	-)		ALC YES	UNIAL DIFFACE CO.	ANTON CIVE	LIN DARK 1/-3		T19 WAS AUTOPSY
를 PART II. OTHER S	GNIFICANT CONDITIONS CO.	NTRIBUTING TO DE	ATH BUT NOT RELATED TO T	ME IEKN	IINAL DISEASE COI	VURNUM GIVE	I IN PAKI I(0)		PERFORMED?
Ē									YES NO
200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	205 DESCRIE	BE HOW INJURY OCCURRED ((Enter no	iture of injury in	Port I or Port	It of item 18)		
	MEDICAL EXAMINER)								
	URY Month, Day, Year				JURY (Home, form		(City or town)	(Coun	ity) (State)
Hour o.	16	While of work		ory, stree	t, office bldg , etc.)			
	110		the deceased fram	77.42	- 11	9 65 to	hor 2	. 19 6	A that (I) (we) Id
sout the d	proceed ulive up	may arrended	19_ <u>66</u> , and that	t deat	accurred at	M	fram causes on	d on the	e date stated above
220 SIGNATURE	eceased direction	7						22b DAT	
220 SIGNATORIE	P . 1	1	. M.C	ATT D. PH	ENDING K	MED DIRECTOR	STAFF PHYS	111	12/66
22c PHYSICIAN	y auge of	won	HUL		d ADDRESS	DIKECION	<u> </u>		
NAME (Type		IGE	STRONG	1	The second second	ostb	URG.	MI	
	71.17								(auth) (Sact-)
23o. BUR AL, CREMATI REMOVAL (Appendi			NAME OF CEMETERY OR				(City or Town)		County) (Stote)
REMOVAL LEGENT			Grantsville (o eme			ntsville.		llegany M
24 FUNERAL DIRECTO		Hach	APDRESS			D BY REGISTR		Clian	MATURE Oudas
John J.	Hafer, 239 H	Balto Ave	e. Cumberland	I. M	DATE N	10V 7	1966 /	- Comp	and I want

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hosp tal or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending intrastion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. If the peace remove carbon papers Pages should be filed with the State Dept of Health prior to buriol, cremation, or removed, and in any event, within 72 hours offer deat

VR A15 (4) 20 M 1/66

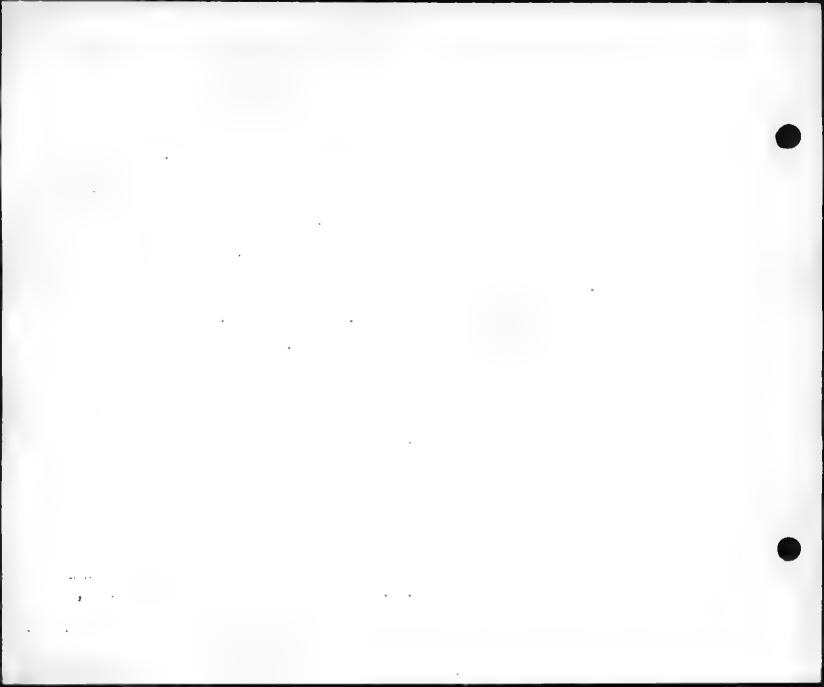


15698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if not tution Residence before admission) a. STATE o. COUNTY Garrett b. COUNTY Raleigh W. Va. CLENGTH OF STAY N 16 c City OR TOWN (If outside corporate 1 m ts, write RURAL and give nearest fown) b CITY OR TOWN (If autside carporate limits, write RUDARE and porest town) Minutes beckley B IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in higspitol, give street address) d STREET ADDRESS Garrett Co. Mem. Hospital 100 Stanley St. YES NO 1 3. NAME OF Middle 4 DATE Lost DECEASED Russell Weeks 1st. (Type or print) Edgar DEATH November 19 66 B DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED _ last birthday) Male White DIVORCED Oct. 31, 1913 WIDOWED 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Whittaker, W. Va. Miner Coal 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lou Ella Allen G. C. Weeks 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dates af service 236-05-5204 N. Branch Coal Co. Bayard, V. Va. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. SONSIDEON DEATH Coronary occlusion, left. IMMED ATE CAUSE (a) DUE TO Coronary sclerosis Years Canditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? Myocardial infarction, old, right YES 🔭 NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Port ar Part II of item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) at wark 21. I certify/that I took charge of the remains described above, held on Autopsy [X], Inspection [4], ngoiry X, and in my opinion Notural couses deoth resulted from. Accident . Suicide , Homicide . Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11-1-66 DEPUTY MEDICAL EXAMINER EXAMINER'S James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oakland, Md. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION, (County) (State) 11/3/66 Blue Ridge Mem. Gardens Prosperity Va. 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE

DATE NOV Q

Ti nich Oakland, Maryland

VR A15ME (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4550114

FOR STATE HEALTH DEPT

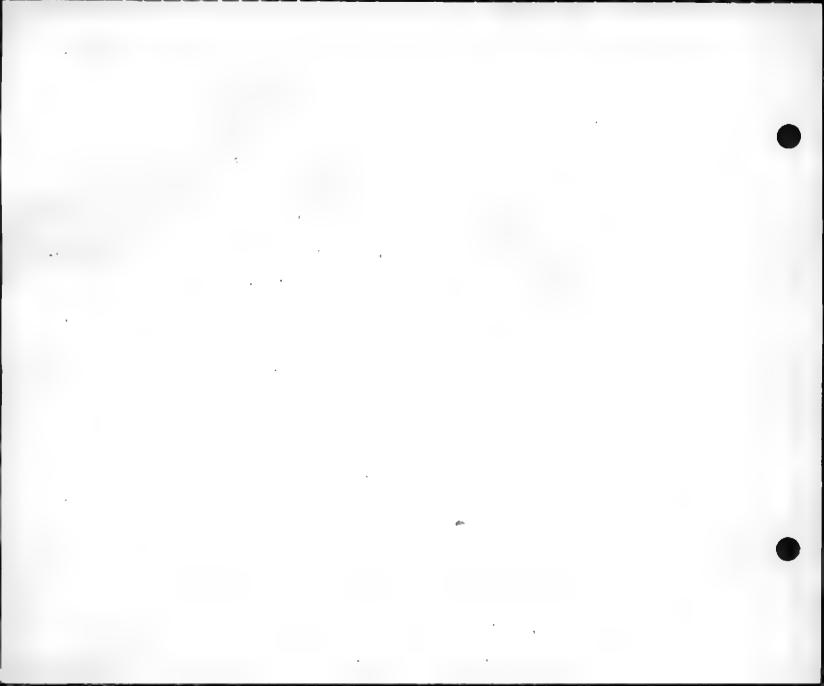
1 C C C C

and 2 with the State Department of event within 72 haurs after death 5 5 s a burial-transit permit. File Health at its designated agent, prior to burial, crematian, or removal, and

TO DEPUTY MEDICAL EXAMINER: This certificate shaud be executed within 24 hours after death. If Jiny delay is	necessary, please execute the certificate, writing the word "pending" in penct. In Item 18. Give Pages 1, 2, and 3 to	the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page	of the
8	3	2	=
a P	B	ന്	E E
>	0	N	Ė
3	CV		ď.
±	_	E	Õ
_	es	ĘQ.	9
T D	00	#	5
de-	(1)	₹	9
-	. ~	Ď	=
#	9	0	主
2	8	0	<
- 1	Ε	ij.	79
Ť,	<u>+</u>	0	ME
24	_	.vi	1
_	_	Je l	
亡	JU.	Ē	-
≥	ā	DX.	0
D	.⊑		
5	6	.0	Ē
66	==	led	Jei
6	e J	2	=
þe	:0-	ē	1115
0	P	S	10
3	8	9	ㅁ
S	9	+	2
a	丰	Ξ	- 13
8	5	led	2
=	=	gro	מ
9	3	3	Se
N	qu'	Ę.	⇒ ⇒
Ē	to:	9	å
	壃	-	10
22	100	7	as. hau
Z	9	S.	35
Z	÷	\forall	5 =
X	9	ge	200
244	000	2	5 8
A	X	Ξ.	10
Ĕ	0	20	F
4	edi	<u>=</u>	5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a bunal-transit permit. File pages if and 2 with the State Department of
-	0	=	9
E	2	erd	₽ %
7	200	5	>======================================
DE	9	a	E 2
0	ne ne	Ē	50
			-

	15699		MEDICAL EXAM	MINER'S C	ERTIFICATE O	F DEATH	15	701
	PLACE OF DEATH o. COUNTY	GARRETT		MARY, AND	- CTATE	there deceased lived, if institution b. COU	INTV	before admission)
	ROUTE A	autside carparatemits, give nearest town) PROSTBURG	LIFE	TAY IN 16	C TY OR TOWN (.F o.)	tside carparate limits write RL		nearest fawn)
	d NAME OF HOSP TA	L OR INSTITUT ON (If nat in i	raspital, give street address	s)	d STREET ADDRESS	2, BOX 514		e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or pnnt)	first JAMES	M dd I		Lost DRNDR	4 DATE Mon		Doy Year 17. 19 66
5	MALE MALE	6 COLOR OR RACE 7 F	MARRIED 🚹 NEVER MA	RRIED B.	DATE OF BIRTH OV. 16, 19	9 AGE (In years	F UNDER 1 Y	
S]	USUAL OCCUPATION ING MOST OF WORKING IN PINNING FATHER'S NAME	(Give kind of wark dane fe, even if retired)	10b KIND OF BUSINESS (INDUSTRY CELANESE COR	RP.	11. BIRTHPLACE (State MARYLAND 4. MOTHER'S MAIDEN N			EN OF WHAT ITRY? U.S.A.
IS (Ye	MYLES V WAS DECEASED EVER es na, or Joknawn) (VERNER IN U.S. ARMED FORCES? It yes give war ar dates at serv	16. SOCIAL SECURITY 216-40-307	NO. 17 INF	ORMANT	ABETH IACOVON Addi		MD.
	1B. CAUSE OF DEA	ATH (Enter only ane cause pe 4 WAS CAUSED BY 1 IMMEDIATE CAUSE (a) DUE TO which gave cause (a), DUE TO	er line far (a), (b), and (c).)	PTUR		Heart		INTERVAL BETWEEN ONSET AND DEATH
CATION		NIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED? YES NO
AL CERTIFICATION	20a EXTERNAL CAU PRIMARY 2 ar CON CAUSE OF DEATH	TR BUTING □	Driver	of Car	m 2 ca			
MEDICAL	2:00 Haur om	Nat I took charge af	20g INJURY OCCURRED While Not Whi e at work	X Rt 4		Vast (Frestbo	12-	west, mod
	ACTUAL SIGNATURE	ed fram: Natural ca	uses [], Accident	Suicide	CHIEF MEDICAL M D. ASSISTANT MEDI	, Undetermined n		22. DATE SIGNED
230	NAME (Type) BURIAL, CREMATION REMOVAL (Specify)	JAMES FEASTER 23b. Date Thereof NOV 21	23c. NAME OF	CEMETERY OR CRE	MATORY	city, town, or county) 23d. LOCATION (City or To	awn) (Co	7- 66 ounty) (State)
24	JOSPEH		ADDRESS			BY REGISTRAR 256 R	EGISTRAR'S SIGN	Judge +

VR A15ME (52)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

157119

FOR STAR	13700	10100
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Poge Poge ant of leath.	o. COUNTY Garrett MARYLAND	o. STATE Maryland b. COUNTY Harford
deloy ind 3 i3. Pool ment r deat	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
2, and 3 to PM3. Page portment af	write RUN Land art Placest town) 11 hrs. 35 mi	Rural - Pylesville /2-2
0 0	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ter death. If any deloy Give Pages 1, 2, and 3 sng with form PM3. Pages th the Stote Deportment ithin 72 hours after deat	Garrett Co. Memorial Hospital	Box 195 Onion Road YES NO
death. Page: with fa	3. NAME OF First Middle	Lost 4. DATE Month Doy Year
ve P y will y will the in 7	(Type or print) Everett Milton Winemi	OCAIII .
W V	S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9. AGE (In yeors IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.
24 hours in Item 1 r's Office es land 2 iny event	100 USUAL OCCUPATION (Give kind of work done dumnormost act working like even if retired) Turniture Facto	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? ORY YORK Co., Penna. USA
E = = = =	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Examiner Examiner of page and in or	Arch Winemiller	Minnie Morris
70 .=	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service) 178-22-9140	INFORMANT Address (Widow)
mxecuted nding" in Medicol E permit. F emoval, a	No No Mys give word to toles of service 1.78-22-9440 Mx	s. Selma Winemiller, Pylesville, Md.
d be execute d "pending" Chief Medicol Transit permit.	IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (t).) PART I. DEATH WAS CAUSED BY:	THROMBOSIS LIEFT HISTORY DEATH
d 'p	IMMEDIATE (AUSE (o)	THROMBOSIS, LEFT HOUTS DEATH
should be to word "pe to the Chief buriol-transit mation, or re	Conditions, if ony, which gove) (b) CORONARY	SCLEROSIS
to t bur	rise to immediate couse (a), (DOLISIOO ID
verificate should be executer writing the word "pending" provorded to the Chief Medicol used as a buriol-transit permit. burial, cremation, or removal,	last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO
그 분기 모양	E PRIMARY or CONTRIBUTING	. (Enter nature of injury in Port I or Port II of item IB.)
AL EXAMINER: execute the cert r. Page 4 should for your files. for: for your files. noted agent, pr	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL. While of work of work of work of work of work	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.) 20f. (City or town) (County) (State)
Poge Poge Programmer R: Poge ted	21. I certify that I taak charge of the remains described above, h	eld an Autapsy 🗂 , Inspection 🔼 , Inquiry 🔼 , and in my apinio
MEDICAL EX leose execut director. Pog stained for y DIRECTOR: P.		cide, Homicide, Undetermined manner
MEDIC, pleose e director retained DIRECT	ACTUAL X	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
	SIGNATURE TO COME (M.D. ADDISTANT MEDICAL EXAMINER
TO DEPUTY ME necessory, pleo the funeral dir. 5 may be retailed FORMAL DIR. Health or its d	EXAMINER'S James H. Feaster, Jr., M. D.	DEPUTY MEDICAL EXAMINER Double Oakland, Md. 11-25-6 Address (Street, city, town, or county)
TO D nece the S m O FU Heal	23d BURIAL (REMATION, 13b. DATE THEREOF 23c. NAME OF CEMETERY OR 11/28/66 Fawn Grove	
_	24. FUNERAL DIRECTOR John O. Durst ADDRESS ()	Cem. Fawn Grove, Penna.
VR A15ME (5) 6M 1/66	Leighton-Durst Funeral Home, Oaklan	111.41
With Leading	B. Dar Da Lang at Thing Ask Tall	No. of the last of

2.1 700 27

* *

TO FUNERAL DIRECTOR: After this certificate has been signed by the afterding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15701 CERTIFICATE OF DEATH

USUAL RESIDENCE (WI

D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN D. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) WITH RURAL AND give nearest town give nearest town) WITH RURAL AND give nearest town give nearest town give		a. COUNTY	Commott			a.	STATE	Ad .	b. COU!	ITY	arret	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. MAME OF BECKLASED (Type or print) 5. SEX 6. COLÜR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (in years if FUNDER LYCARIJE UNDER ATHER 1984 184 BIRTH 201 BIRTH 20	_	b. CITY OR TOWN	Garrett	te limits.					porate limits, wr	-	States No. 100 A.	107
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF BECKESE (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. NEVER MARRIED 10. OATE OF BIRTH 9. AGE (in years FUNDER TYPER FUNDER 24 HRS 10. USUAL DOCUMENTION (GIVE kind of work done 11. DIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY 13. HARRIED 14. MOTHER'S MANUE 13. FAITHEN'S NAME 14. MOTHER'S MANUE 15. WAS DECEASED EVER IN U.S. ARMEOFORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, PART II. DEATH WAS CAUSED OF, DUE TO CONTRIBUTING TO GEATH GUILD OF THE FUNDER COUNTRY OF THE FROM THE PROPERTY OF TH		~		n)							61 1	
3. NAME OF OBCCESSED (Type or print) 3. NAME OF OBCCESSED (Type or print) 3. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. GATE OF BIRTH 9. AGE (In years FUNDER !YEAR FUNDER 24 RS				ON (if not lo h		Idraes) d ST		71 Le			l e. IS R	ESIDENCE
3. MAE OF BECKSASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		at thine of thos	TIME ON MISTRICITE	20 (1) 112C H1 11	toopical, 8110 secot no	4. 011	TEL ABOTTEGG				ON	A FARM?
DECRASE OF DEATH LENter only one cause per line for (a), (b), and (c).] DATE CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c).] PART I. OTHER SIGNIFICANT CONOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONOTITION GIVEN IN PART 1 (a) 19. WAS AUTOPEY PERFORMED? YES NO DECOME. DATE OF DEATH LENter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONOTITION GIVEN IN PART 1 (a) 19. WAS AUTOPEY PERFORMED? YES NO DECOME. 202. ACCIOENT WAS UNCERLYING 20b. CHAPCH OF AND IN PART 1 (a) 19. WAS AUTOPEY PERFORMED? YES NO DECOME. 202. ACCIOENT WAS UNCERLYING 20b. CHAPCH ON THE PART II. OTHER SIGNIFICANT CONOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONOTITION GIVEN IN PART 1 (a) 19. WAS AUTOPEY PERFORMED? YES NO DECOME. 202. ACCIOENT WAS UNCERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 202. C. TIME OF INJURY Month, Oay, Year 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 202. C. TIME OF INJURY Month, Oay, Year 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 28.) 202. C. TIME OF INJURY Month, Oay, Year 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 28.) 203. ACCIOENT WAS UNCERLYING 19. WAS AUTOPEY YES NO 19. WAS AUTO	-					!					100	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 10a. USUAL DOCUMENTION (GIVER KIND OF WORK OF OR THE OWN KIND OF BUSINESS OR HOUSEN'S WORK OF OWN HOUSEN'S WORK OWN		DECEASED		_			Last	OF		1		
WILDOWED DIVORCED Sept. 24. 1869 79 yrs. Months Days Hours Min.									TANA	28,		
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions was unoperlying DUE TO OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPEY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPEY OR CONTRIBUTING TO CAUSE OF DEATH (IF LITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebidg., etc.) p.m. 19 at work 1 at work 2 at work 2 at work 2 and that death occurred at 4 M, from the causes and on the date stated above 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) HAROLD O. KAMONS DIVORDED DIVORDED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. HARTHPLACE (County & State, or foreign country) 12. Intermined to work 1 and that death occurred at 4 M, from the causes and on the date stated above 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) HAROLD O. KAMONS ARREA E Y.S. BUR 6 A	5.	SEX	6. CULUR OR RACE	7. MARRIED	NEVER MARRIED	B. OAII	OF BIRTH	9.	last birthday)	Months		
during most of working life, even if retired) HOUSTRY HOUSEWIFE 3. FATHER'S NAME JOHN YOMMET 15. WAS DECEASED EVER IN U.S. ARMEOFORCES? (Yes, no, or unknown) 16. SOCIAL SECURITYNO. 17. INFORMANT DOTOTHY Hanft Address Md. Wrs. Dorothy Glotfelty, Grantsville INVESTIGATION OF DEATH Lenter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSEO BY; IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to limmediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONOTIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONOTION GIVEN IN PART 1 (a) 119. WAS AUTOPEY PERFORMED? YES NO 20. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MOOTH, Oay, Year Hour a.m. p.m. 19 20c. TIME OF INJURY Month, Oay, Year White No. 21. I certify that(II) (this hospital) attended the deceased from 22c. PHYSICIAN'S NAME (Type) HAROLD O KAMONS ARRES ARRE		F	W					1869	97 yrs.			
HOUSEWIFE 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 202. ACCIDENT WAS UNDERLYING PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 202. TIME OF INJURY MONTH, Oay, Year HOUR a.m. 19. WAS AUTOPSY PERFORMED? YES NO 202. TIME OF INJURY MONTH, Oay, Year HOUR a.m. 19. WAS AUTOPSY PERFORMED? YES NO 202. TIME OF INJURY MONTH, Oay, Year HOUR a.m. 19. WAS AUTOPSY PERFORMED? YES NO 202. TIME OF INJURY MONTH, Oay, Year HOUR a.m. 19. WAS AUTOPSY PERFORMED? YES NO 202. TIME OF INJURY MONTH, Oay, Year HOUR a.m. 19. WAS AUTOPSY PERFORMED? YES NO 202. TIME OF INJURY MONTH, Oay, Year HOUR a.m. 19. WAS AUTOPSY PERFORMED? YES NO 202. TIME OF INJURY MONTH, Oay, Year HOUR a.m. 19. WAS AUTOPSY PERFORMED? YES NO 202. TIME OF INJURY MONTH, Oay, Year HOUR a.m. 19. WAS AUTOPSY PERFORMED? YES NO 202. TIME OF INJURY MONTH, Oay, Year HOUR a.m. 202. TIME OF INJURY MONTH, Oay, Year 19. WAS AUTOPSY PERFORMED? YES NO 204. (City or town) (County) (State) FATTENDING MEDIAN ME	10a.	USUAL OCCUPATI	ON (Give kind of work	done 10b.		11. 6	IRTHPLACE (Co	bunty & State,	or foreign country	12. CI	TIZEN OF WH BUNTRY?	AT
14. MOTHER'S MAINE 14. MOTHER'S MAINE 15. MAS DECASE OF VER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). 1 18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). 1 18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). 1 18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). 1 18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). 1 18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). 1 18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). 1 18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). 1 18. CAUSE OF DEATH LENTER ON CAUSE (a) 18. CAUSE OF DEATH LENTER ON CAUSE (a) 18. CAUSE (a) 18. CAUSE OF DEATH LENTER ONLY ONE CAUSE (a) 19. WAS AUTOPSY PERFORMED? 19. WAS AU						Gr	cantsvi	171e.	Md.			
S. WAS DECEASED EVER IN U. S. ARMEOFORDES? (Yes, no, or unknown) (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause (a), stating the underlying cause last. 19. Co. 19	13.	FATHER'S NAMI										
15. WAS DECEASED EVER IN U. S. ARMEOFORDES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (B) 19. CAUSE OF DEATH (B)		John Y	nmer			7	Dorothy	y Hani	P to			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congletical Security Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) OUT TO	15.	WAS DECEASED E	VER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.			22000		SS		БМ
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY:	(Yes		(If yes give war or dates o	of Service)		Mine I)onoth;	T Clot	-falts	Cmo		170
PART I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the UDE TO	_		FATH (Enter only on	e cause per	line for (a) (b) and (c)		JOEO GIL	GLUI	JI CILLY A	ULA		BETWEEN
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year Hour a.m., p.m. 19 at work at work factory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 15 8, 19 to Accident 19, that (I) (we) last saw the deceased alive on 14 2 3 19 at work at work at work phys. 22a. SIGNAJURE ATTENDING MED. PHYS. DIRECTOR THAT OF PHYS. 22b. OATE SIGNED PHYS. DIRECTOR			ATH WAS CAUSED BY		1	- 6	/ -	7.	1 . 0			
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONOITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONOITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONOITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIOENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MONTH, Oay, Year 2DD. INJURY OCCURRED for INJURY (Home, farm, factory, street, office bidg., etc.) Phys. Contribution of the date stated above 2DD. DIRECTOR TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO While NOT WHILE A WORK TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF INJURY (Home, farm, factory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF INJURY (Home, farm, factory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF INJURY (Home, farm, factory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COURSE OF INJURY (Home, farm, factory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COURSE OF INJURY (Home, farm, factory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COURSE OF INJURY (Home, farm, factory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS COURSE OF INJURY (Home, farm, factory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT COURSE OF INJURY (Home, farm, factory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT COURSE OF INJURY (Home, farm, fa		1/20	IMMEDIATE CAUSE	(a)	ongeen	al /V	earl,	1aix	un			-
gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 19 at work 19 and that death occurred at 19 at work 19 director 19 direc		4200		TO	0,04		1	1	. + D.	A .	0	
Cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year Hour a.m. p.m. 19			Immediate /	. ,	run	acker	ree.	Hea	El Re	elac	2.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 202. TIME OF INJURY Month, Oay, Year 120d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 202. TIME OF INJURY Month, Oay, Year 120d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 203. I certify that (I) (this hospital) attended the deceased from 19. While at work 19. At work 19. That (I) (we) lass saw the deceased alive on 19. And that death occurred at 9. M, from the causes and on the date stated above 19. ATTENDING MED. 204. ACCIDENT WAS UNDERLYING 19. That (I) (we) lass saw the deceased alive on 19. ATTENDING MED. 205. PHYSICIAN'S NAME (Type) HAROLD O.KAMONS 122d. ADORESS NAME (Type) HAR		cause (a), st	ating the DUE	TO								
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED thour a.m., p.m. 19 at work	z.								0.7101.0.17-0.11	DEDT 3(a)	IND MAC	AUTORCY
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.) While at work	5	PARTII. UTHER S	IGNIFICANT CONOLLI	ONS CONTRIB	UTING TO DEATH BUT N	OT RELATEO TO	THE TERMINAL D	JISEASE CON	OITION GIVEN IN	PARI 1(a)	PERF	ORMED?
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at wo	2014											NO 4
21. I certify that (I) (this hospital) attended the deceased from 1958, 19 to Detail, 19 that (I) (we) last saw the deceased alive on 1958, and that death occurred at 94 M, from the causes and on the date stated above 22a. SIGNATURE 22a. SIGNATURE ATTENDING MED. STAFF 12b. OATE SIGNED PHYS. 22b. OATE SIGNED PHYS. 22c. PHYSICIAN'S NAME (Type) HAROLD O.KAMONS 22d. ADORESS NAME (Type) HAROLD O.KAMONS 12d. APKLEYSBUR 6, PA	CERTI	OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING DEA IFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJUR	Y OCCURRED. (Enter nature of	l Injury in Pa	art I or Part iI o	of item 18.)	
21. I certify that (1) (this hospital) attended the deceased from 1958, 19 to Detail, 19 that (1) (we) last saw the deceased alive on 1958, and that death occurred at 9AM, from the causes and on the date stated above 22a. SIGNATURE 22a. SIGNATURE ATTENDING MED. STAFF 12b. OATE SIGNED PHYS. 12c. PHYSICIAN'S NAME (Type) HAROLD O.KAMONS 22d. ADORESS NAME (Type) HAROLD O.KAMONS ARKAEYSBURG, PA	SAL.	20c. TIME OF I	NJURY Month, Oay,	Year 20d.	INJURY OCCURRED 2				(City or town)	(Cou	nty)	(State)
21. I certify that (I) (this hospital) attended the deceased from 1958, 19 to Detail, 19 that (I) (we) last saw the deceased alive on 1958, and that death occurred at 94 M, from the causes and on the date stated above 22a. SIGNATURE 22a. SIGNATURE ATTENDING MED. STAFF 12b. OATE SIGNED PHYS. 22b. OATE SIGNED PHYS. 22c. PHYSICIAN'S NAME (Type) HAROLD O.KAMONS 22d. ADORESS NAME (Type) HAROLD O.KAMONS 12d. APKLEYSBUR 6, PA	E I					factory, stres	it, office bldg., e	tc.)				
saw the deceased alive on 11 23 19 60, and that death occurred at 94 M, from the causes and on the date stated above 22a. SIGNATURE 22a. SIGNATURE 22b. OATE SIGNED ATTENDING DIRECTOR DIRECT	Σ.					. 10	E 8 11	0 1-	De 51	10	AL of (I)	(wa) last
22a. SIGNATURE HALOLAD KAMBUS MAD. ATTENDING MED. STAFF NON-30,1966 22c. PHYSICIAN'S NAME (Type) HAROLD O. KAMONS 22d. ADORESS NAME (Type) HAROLD O. KAMONS MARKLEYSBURG, PA							, -,					
22c. PHYSICIAN'S HAROLD O. KAMONS ATTENDING DIRECTOR DIRE			7	1117	2 19 500, at	no that death	occurred at-	//J_WI, 110	om the causes			eu anove.
1 22c. PHYSICIAN'S NAME (Type) HAROLD O. KAMONS 22d. ADDRESS MARKLEYSBURG, PA.		ZZd. Sidilardi	000	1/2						Na	~ 30	19/1/2
NAME (Type) HAROLD O. KAMONS MARKLEYSBURG, PA.		22C PHYSICIA	crococo	Rau	cour p			DIRECTOR L	_ PHYS	1710	1-50,7	100
233 PHIDIAL CORMATION I 236 DATE THEREOE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION (City town or county) (State)	li	NAME (Ty	pe) HAPOIL	00	NAMON	C	Man D	VIE	VCB	1112	10	2
	220	DUDIAL OPEN	ATION I 225 DATE	THEREOF	1 220 NAME OF CE	METERY OF CE	EMATORY	1 234 10	CATION (City +	DWIN OF COU	inty	(State)
REMOVAL (Specify)	230.	REMOVAL (Spe	cify)	1er								
Burial 11/30/66 Grantsville Cemetery Grantsville, Garrett, Md. 24. AUNERAL DIRECTOR / ADDRESS 25a. REC'O BY REGISTRAR'S SIGNATURE	-		TT/20/	00		TITE C	amever,	y lulai	IUSVILL	e, ud	TITEOR	9110.0
Lon Maring Crenterille Md. ON DEC S 1986 Millionela Queles	1 70	WHINERAL DIRE	TOR	1	AUDKESS		25a. RE	C'O BY REGIS	STRAR I 250. K	EGIS IRAK	S SIGNATURE	

VR AI5 (4) 20M 1/65

e .

ALL FOR THE STATE OF THE REST

the second second

The state of the s

AND REAL PROPERTY.

20 c= /11

10101